

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 10				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,986	22,751	\$ 628,365.57	\$ 27.62	133.829	\$ 210.44	\$ 3696.27	
@PHYSICIANS SERVICES	22	76	\$ 769.61	\$ 10.13	.447	\$ 34.98	\$ 4.53	
OUTPATIENT VISITS	1	1	.00	.00	.006	.00	.00	
OFFICE VISITS	1	1	.00	.00	.006	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	21	75	769.61	10.26	.441	36.65	4.53	
@PHARMACY	434	4,611	\$ 74,227.35	\$ 16.10	27.124	\$ 171.03	\$ 436.63	
PRESCRIPTION DRUGS	356	605	68,709.86	113.57	3.559	193.01	404.18	
SNF/ICF	23	38	4,890.48	128.70	.224	212.63	28.77	
OUTPATIENTS	333	567	63,819.38	112.56	3.335	191.65	375.41	
MEDICAL SUPPLIES	88	4,006	5,517.49	1.38	23.565	62.70	32.46	
@DENTIST	1,099	4,464	\$ 218,723.03	\$ 49.00	26.259	\$ 199.02	\$ 1286.61	
VISITS - DIAGNOSTIC	680	2,839	31,686.43	11.16	16.700	46.60	186.39	
ORAL SURGERY	166	433	20,373.25	47.05	2.547	122.73	119.84	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	5	5	500.00	100.00	.029	100.00	2.94	
PERIODONTICS	42	42	3,735.00	88.93	.247	88.93	21.97	
ENDODONTICS	25	35	6,905.00	197.29	.206	276.20	40.62	
RESTORATIVE DENTISTRY	175	375	25,558.85	68.16	2.206	146.05	150.35	
PROSTHETICS	14	15	513.50	34.23	.088	36.68	3.02	
DENTURES, STAYPLATES	311	700	129,451.00	184.93	4.118	416.24	761.48	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	22	20	.00	.00	.118	.00	.00	

SOLANO COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		-----	
170 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	2		7	\$	140.92	\$ 20.13	.041	\$ 70.46		\$.83	
DIAGNOSTIC AND ANC. PROCED	1		1		45.00	45.00	.006	45.00		.26	
EYE APPLIANCES	2		6		95.92	15.99	.035	47.96		.56	
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00	
@CHIROPRACTOR	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
VISITS	0		0		.00	.00	.000	.00		.00	
OTHER SERVICES	0		0		.00	.00	.000	.00		.00	
@PODIATRIST	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
MEDICINE/INJECTIONS	0		0		.00	.00	.000	.00		.00	
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00	
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00	
OTHER	0		0		.00	.00	.000	.00		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
NURSE ANESTHESIST	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
NURSE MIDWIFE	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
@TOTAL HOSPITAL	9		29	\$	16,452.56	\$ 567.33	.171	\$ 1828.06	\$	96.78	
HOSP INPATIENT TOTAL	3		11		16,229.16	1475.38	.065	5409.72		95.47	
HSC HOSPITALS	1		1		1,352.28	1352.28	.006	1352.28		7.95	
NON-HSC HOSPITAL TOTAL	2		10		18,344.88	1834.49	.059	9172.44		107.91	
ACCOMMODATIONS	2		10		8,016.73	801.67	.059	4008.37		47.16	
ADMINISTRATIVE DAYS	1		6		1,340.48	223.41	.035	1340.48		7.89	
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	2		4		6,676.25	1669.06	.024	3338.13		39.27	
ANCILLARIES	2		0		10,328.15	.00	.000	5164.08		60.75	
INPATIENT CROSSOVERS	0		0		3,468.00CR	.00	.000	.00		20.40CR	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	6		18		223.40	12.41	.106	37.23		1.31	
MEDICAL	0		0		.00	.00	.000	.00		.00	
SURGERY	0		0		.00	.00	.000	.00		.00	
PATHOLOGY	0		0		.00	.00	.000	.00		.00	
RADIOLOGY	0		0		.00	.00	.000	.00		.00	
ROOM USE	0		0		.00	.00	.000	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	6		18		223.40	12.41	.106	37.23		1.31	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$.00	.000	\$.00	\$	.00	
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00	
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00	
ANCILLARIES	0		0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00	
MEDICAL	0		0		.00	.00	.000	.00		.00	
SURGERY	0		0		.00	.00	.000	.00		.00	
PATHOLOGY	0		0		.00	.00	.000	.00		.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,043

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	29	\$ 16,452.56	\$ 567.33	.171	\$ 1828.06	\$ 96.78
COMM HOSP INPATIENT TOTAL	3	11	16,229.16	1475.38	.065	5409.72	95.47
HSC HOSPITALS	1	1	1,352.28	1352.28	.006	1352.28	7.95
NON-HSC HOSPITALS TOTAL	2	10	18,344.88	1834.49	.059	9172.44	107.91
ACCOMMODATIONS	2	10	8,016.73	801.67	.059	4008.37	47.16
ADMINISTRATIVE DAYS	1	6	1,340.48	223.41	.035	1340.48	7.89
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	6,676.25	1669.06	.024	3338.13	39.27
ANCILLARIES	2	0	10,328.15	.00	.000	5164.08	60.75
INPATIENT CROSSOVERS	0	0	3,468.00CR	.00	.000	.00	20.40CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	18	223.40	12.41	.106	37.23	1.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	18	223.40	12.41	.106	37.23	1.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	52	\$ 7,401.42	\$ 142.34	.306	\$ 1850.36	\$ 43.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	4	52	7,401.42	142.34	.306	1850.36	43.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$ 3,165.23	\$ 351.69	.053	\$ 452.18	\$ 18.62
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9	3,165.23	351.69	.053	452.18	18.62
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	220	675	\$ 26,300.52	\$ 38.96	3.971	\$ 119.55	\$ 154.71
CLINIC	18	385	7,403.55	19.23	2.265	411.31	43.55
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	202	290	18,896.97	65.16	1.706	93.55	111.16

170 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,321	12,828	\$ 281,184.93	\$ 21.92	75.459	\$ 212.86	\$ 1654.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	528	1,046.10	1.98	3.106	523.05	6.15
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	528	1,046.10	1.98	3.106	523.05	6.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	51	714	49,707.96	69.62	4.200	974.67	292.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	624	2,041	211,536.20	103.64	12.006	339.00	1244.33
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	657	1,398	17,153.29	12.27	8.224	26.11	100.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	8,147	1,741.38	.21	47.924	108.84	10.24
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	30	106	\$ 1,864.68	\$ 17.59	.624	\$ 62.16	\$ 10.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,045

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	255	8,274	\$ 81,469.21	\$ 9.85	636.462	\$ 319.49	\$ 6266.86
@PHYSICIANS SERVICES	4	7	\$ 985.55	\$ 140.79	.538	\$ 246.39	\$ 75.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		960.69	480.35	.154	960.69	73.90
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5		24.86	4.97	.385	8.29	1.91
@PHARMACY	53	186	\$	11,257.44	\$ 60.52	14.308	\$ 212.40	\$ 865.96
PRESCRIPTION DRUGS	48	84		10,835.00	128.99	6.462	225.73	833.46
SNF/ICF	1	5		216.30	43.26	.385	216.30	16.64
OUTPATIENTS	47	79		10,618.70	134.41	6.077	225.93	816.82
MEDICAL SUPPLIES	5	102		422.44	4.14	7.846	84.49	32.50
@DENTIST	84	391	\$	15,472.75	\$ 39.57	30.077	\$ 184.20	\$ 1190.21
VISITS - DIAGNOSTIC	58	247		3,079.75	12.47	19.000	53.10	236.90
ORAL SURGERY	8	40		1,410.00	35.25	3.077	176.25	108.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	2	2		200.00	100.00	.154	100.00	15.38
PERIODONTICS	3	3		291.00	97.00	.231	97.00	22.38
ENDODONTICS	4	5		1,190.00	238.00	.385	297.50	91.54
RESTORATIVE DENTISTRY	19	59		3,917.00	66.39	4.538	206.16	301.31
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	16	31	5,385.00	173.71	2.385	336.56	414.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.308	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,047
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	61	\$ 7,295.60	\$ 119.60	4.692	\$ 7295.60	\$ 561.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	61	7,295.60	119.60	4.692	7295.60	561.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	37	47	\$	3,320.29	\$	70.64	3.615	\$	89.74	\$	255.41
CLINIC	1	1		14.18		14.18	.077		14.18		1.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	46		3,306.11		71.87	3.538		91.84		254.32

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,048
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	87	7,574	\$ 43,060.82	\$ 5.69	582.615	\$ 494.95	\$ 3312.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	79	10,678.89	135.18	6.077	593.27	821.45
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	494.86	11.25	3.385	26.05	38.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47	7,258	26,136.06	3.60	558.308	556.09	2010.47
EPSDT SUPPLEMENTAL SERVICE	2	191	5,617.31	29.41	14.692	2808.66	432.10
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	133.70	66.85	.154	133.70	10.28
@CALIF. CHILDREN SERVICES*	1	2	\$ 960.69	\$ 480.35	.154	\$ 960.69	\$ 73.90
@XOVER EXCLUDING STATE HOSP**	4	7	\$ 158.56	\$ 22.65	.538	\$ 39.64	\$ 12.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,049
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

906 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	20,422	152,134	\$ 7,946,194.72	\$ 52.23	167.918	\$ 389.10	\$ 8770.63
@PHYSICIANS SERVICES	217	632	\$ 23,585.98	\$ 37.32	.698	\$ 108.69	\$ 26.03
OUTPATIENT VISITS	91	113	5,462.70	48.34	.125	60.03	6.03
OFFICE VISITS	43	46	1,429.11	31.07	.051	33.24	1.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	41	51	3,336.43	65.42	.056	81.38	3.68

PREVENTIVE CARE	1	1	49.90	49.90	.001	49.90	.06
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.004	120.96	.27
OTHER OUTPATIENT	9	11	405.34	36.85	.012	45.04	.45
INPATIENT VISITS	22	69	3,008.55	43.60	.076	136.75	3.32
HOSPITAL VISITS	18	60	2,541.61	42.36	.066	141.20	2.81
CRITICAL CARE	2	3	202.44	67.48	.003	101.22	.22
SNF/ICF/TRANS IP CARE	4	6	264.50	44.08	.007	66.13	.29
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.06
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	37	2,673.35	72.25	.041	445.56	2.95
PRINCIPAL SURGEON	2	6	1,759.48	293.25	.007	879.74	1.94
ASSISTANT SURGEON	1	1	93.25	93.25	.001	93.25	.10
ANESTHESIOLOGIST	4	30	820.62	27.35	.033	205.16	.91
OUTPATIENT SURGERY	12	27	2,104.45	77.94	.030	175.37	2.32
PRINCIPAL SURGEON	9	12	1,571.03	130.92	.013	174.56	1.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	533.42	35.56	.017	177.81	.59
DIALYSIS	2	14	441.10	31.51	.015	220.55	.49
PATHOLOGY	21	147	751.22	5.11	.162	35.77	.83
RADIOLOGY	46	71	3,394.91	47.82	.078	73.80	3.75
PSYCHIATRY	2	2	60.54	30.27	.002	30.27	.07
IMMUNIZATION AND INJECTION	4	5	1,852.52	370.50	.006	463.13	2.04
OTHER SERVICES/ALL X-OVERS	72	146	3,778.85	25.88	.161	52.48	4.17
@PHARMACY	11,680	38,337	\$ 5,537,093.35	\$ 144.43	42.315	\$ 474.07	\$ 6111.58
PRESCRIPTION DRUGS	11,564	24,043	5,515,245.18	229.39	26.538	476.93	6087.47
SNF/ICF	464	1,612	255,153.43	158.28	1.779	549.90	281.63
OUTPATIENTS	11,137	22,431	5,260,091.75	234.50	24.758	472.31	5805.84
MEDICAL SUPPLIES	150	14,294	21,848.17	1.53	15.777	145.65	24.11
@DENTIST	4,840	23,676	\$ 754,337.56	\$ 31.86	26.132	\$ 155.85	\$ 832.60
VISITS - DIAGNOSTIC	3,488	15,953	189,605.51	11.89	17.608	54.36	209.28
ORAL SURGERY	756	2,119	107,794.80	50.87	2.339	142.59	118.98
DRUGS	31	46	670.00	14.57	.051	21.61	.74
ANESTHESIA	31	32	2,800.00	87.50	.035	90.32	3.09
PERIODONTICS	280	290	31,310.70	107.97	.320	111.82	34.56
ENDODONTICS	179	248	54,301.50	218.96	.274	303.36	59.94
RESTORATIVE DENTISTRY	1,167	3,051	167,956.60	55.05	3.368	143.92	185.38
PROSTHETICS	37	38	1,042.50	27.43	.042	28.18	1.15
DENTURES, STAYPLATES	508	1,730	191,908.95	110.93	1.909	377.77	211.82
SPACE MAINTAINERS	3	4	462.00	115.50	.004	154.00	.51
MAXILLOFACIAL SERVICES	4	5	250.00	50.00	.006	62.50	.28
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	62	80	6,010.00	75.13	.088	96.94	6.63
ALL OTHER SERVICES	92	80	225.00	2.81	.088	2.45	.25

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,050
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

906 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	48	\$ 1,053.74	\$ 21.95	.053	\$ 70.25	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	8	9	371.59	41.29	.010	46.45	.41
EYE APPLIANCES	14	38	613.25	16.14	.042	43.80	.68
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.001	68.90	.08
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	6	\$	92.93	\$ 15.49	.007	\$ 23.23	\$.10
MEDICINE/INJECTIONS	2	2		81.20	40.60	.002	40.60	.09
SURGERY/ANES.	1	1		11.00	11.00	.001	11.00	.01
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		.73	.24	.003	.37	.00
@HOME HEALTH AGENCY	5	39	\$	2,755.61	\$ 70.66	.043	\$ 551.12	\$ 3.04
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	165	772	\$	242,118.11	\$ 313.62	.852	\$ 1467.38	\$ 267.24
HOSP INPATIENT TOTAL	22	130		224,793.05	1729.18	.143	10217.87	248.12
HSC HOSPITALS	7	36		51,267.00	1424.08	.040	7323.86	56.59
NON-HSC HOSPITAL TOTAL	15	94		174,330.05	1854.58	.104	11622.00	192.42
ACCOMMODATIONS	15	94		64,007.70	680.93	.104	4267.18	70.65
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	94		64,007.70	680.93	.104	4267.18	70.65
ANCILLARIES	15	0		110,322.35	.00	.000	7354.82	121.77
INPATIENT CROSSEOVERS	1	0		804.00CR	.00	.000	804.00CR	.89CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	642		17,325.06	26.99	.709	120.31	19.12
MEDICAL	23	30		1,606.97	53.57	.033	69.87	1.77
SURGERY	12	14		283.93	20.28	.015	23.66	.31
PATHOLOGY	39	211		2,024.35	9.59	.233	51.91	2.23
RADIOLOGY	35	39		4,961.35	127.21	.043	141.75	5.48
ROOM USE	71	96		3,855.39	40.16	.106	54.30	4.26
CROSSEOVERS/ALL OTH OUTPTNT	89	252		4,593.07	18.23	.278	51.61	5.07
@COUNTY HOSPITAL TOTAL	8	29	\$	13,580.97	\$ 468.31	.032	\$ 1697.62	\$ 14.99
CO HOSPITAL INPATIENT TOTAL	1	12		13,200.00	1100.00	.013	13200.00	14.57
HSC HOSPITALS	1	12		13,200.00	1100.00	.013	13200.00	14.57

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	17	380.97	22.41	.019	54.42	.42
MEDICAL	1	1	46.06	46.06	.001	46.06	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	96.86	13.84	.008	32.29	.11
RADIOLOGY	1	2	41.22	20.61	.002	41.22	.05
ROOM USE	4	5	184.94	36.99	.006	46.24	.20
CROSSOVERS/ALL OTH OUTPTNT	2	2	11.89	5.95	.002	5.95	.01
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,051							
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05							
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60							
----- MONTHLY AVERAGE -----							
906 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	157	743	\$ 228,537.14	\$ 307.59	.820	\$ 1455.65	\$ 252.25
COMM HOSP INPATIENT TOTAL	21	118	211,593.05	1793.16	.130	10075.86	233.55
HSC HOSPITALS	6	24	38,067.00	1586.13	.026	6344.50	42.02
NON-HSC HOSPITALS TOTAL	15	94	174,330.05	1854.58	.104	11622.00	192.42
ACCOMMODATIONS	15	94	64,007.70	680.93	.104	4267.18	70.65
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	94	64,007.70	680.93	.104	4267.18	70.65
ANCILLARIES	15	0	110,322.35	.00	.000	7354.82	121.77
INPATIENT CROSSOVERS	1	0	804.00CR	.00	.000	804.00CR	.89CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	137	625	16,944.09	27.11	.690	123.68	18.70
MEDICAL	22	29	1,560.91	53.82	.032	70.95	1.72
SURGERY	12	14	283.93	20.28	.015	23.66	.31
PATHOLOGY	36	204	1,927.49	9.45	.225	53.54	2.13
RADIOLOGY	34	37	4,920.13	132.98	.041	144.71	5.43
ROOM USE	67	91	3,670.45	40.33	.100	54.78	4.05
CROSSOVERS/ALL OTH OUTPTNT	87	250	4,581.18	18.32	.276	52.66	5.06
@STATE HOSPITAL	13	489	\$ 251,746.22	\$ 514.82	.540	\$ 19365.09	\$ 277.87
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	13	489	251,746.22	514.82	.540	19365.09	277.87
@NURSING FACILITY	14	625	\$ 84,191.34	\$ 134.71	.690	\$ 6013.67	\$ 92.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	14	625	84,191.34	134.71	.690	6013.67	92.93
@INTERMEDIATE CARE FACIL.-DD	1	31	\$ 4,624.27	\$ 149.17	.034	\$ 4624.27	\$ 5.10
ICF DDH	1	31	4,624.27	149.17	.034	4624.27	5.10
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	44	\$ 4,605.11	\$ 104.66	.049	\$ 1151.28	\$ 5.08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	44	4,605.11	104.66	.049	1151.28	5.08

@REHABILITATION FACILITY	2	6	\$	149.59	\$	24.93	.007	\$	74.80	\$	.17
HOSPITAL BASED	1	1		52.62		52.62	.001		52.62		.06
INDEPENDENT FACILITY	1	5		96.97		19.39	.006		96.97		.11
@LABORATORY FACILITY	62	301	\$	3,589.16	\$	11.92	.332	\$	57.89	\$	3.96
PATHOLOGY	61	291		3,486.96		11.98	.321		57.16		3.85
XO AND OTHERS	1	10		102.20		10.22	.011		102.20		.11
@ORGANIZED OUTPATIENT CLINIC	1,419	2,141	\$	153,743.56	\$	71.81	2.363	\$	108.35	\$	169.69
CLINIC	32	81		2,172.87		26.83	.089		67.90		2.40
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	6		91.01		15.17	.007		91.01		.10
RURAL HEALTH CLINIC	1,388	2,054		151,479.68		73.75	2.267		109.14		167.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,052
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
906 ELIGIBLES							
@ALL OTHER PROVIDERS	3,751	84,987	\$ 882,508.19	\$ 10.38	93.805	\$ 235.27	\$ 974.07
DURABLE MED. EQUIP.	8	19	5,098.76	268.36	.021	637.35	5.63
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	312	3,144.61	10.08	.344	136.72	3.47
AMBULANCES/AIR TRANS	22	150	2,639.71	17.60	.166	119.99	2.91
OTHER TRANS	1	162	504.90	3.12	.179	504.90	.56
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	13	120	8,360.04	69.67	.132	643.08	9.23
GENETIC DISEASE TESTING	18	18	1,890.00	105.00	.020	105.00	2.09
IHMC,MODEL-NF,NF,AIDS,MSSP	533	16,710	602,329.07	36.05	18.444	1130.07	664.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,401	2,999	32,302.91	10.77	3.310	23.06	35.65
PHYSICAL THERAPIST	1	1	1.87	1.87	.001	1.87	.00
PORTABLE X-RAY	2	8	238.61	29.83	.009	119.31	.26
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.002	99.19	.11
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,719	18,611	214,641.05	11.53	20.542	124.86	236.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	46,187	14,402.08	.31	50.979	218.21	15.90
@CALIF. CHILDREN SERVICES*	35	804	\$ 31,849.33	\$ 39.61	.887	\$ 909.98	\$ 35.15
@XOVER EXCLUDING STATE HOSP**	64	803	\$ 5,689.25	\$ 7.08	.886	\$ 88.89	\$ 6.28

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,053
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,338 ELIGIBLES							

@TOTAL, ALL PROVIDERS	14,394	58,430	\$	1,801,111.79	\$	30.83	43.670	\$	125.13	\$	1346.12
@PHYSICIANS SERVICES	183	311	\$	11,792.79	\$	37.92	.232	\$	64.44	\$	8.81
OUTPATIENT VISITS	125	144		5,757.63		39.98	.108		46.06		4.30
OFFICE VISITS	59	68		2,336.12		34.35	.051		39.60		1.75
HOME VISITS	4	5		201.17		40.23	.004		50.29		.15
EMERGENCY ROOM	48	54		2,721.78		50.40	.040		56.70		2.03
PREVENTIVE CARE	1	1		65.78		65.78	.001		65.78		.05
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	16	16		432.78		27.05	.012		27.05		.32
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		18.58		18.58	.001		18.58		.01
EXAMINATIONS	1	1		18.58		18.58	.001		18.58		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	15		791.20		52.75	.011		158.24		.59
PRINCIPAL SURGEON	3	3		474.39		158.13	.002		158.13		.35
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	12		316.81		26.40	.009		158.41		.24
OUTPATIENT SURGERY	16	19		1,360.36		71.60	.014		85.02		1.02
PRINCIPAL SURGEON	16	18		1,311.91		72.88	.013		81.99		.98
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	1		48.45		48.45	.001		48.45		.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	26		72.08		2.77	.019		6.55		.05
RADIOLOGY	46	73		2,275.30		31.17	.055		49.46		1.70
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	7		51.91		7.42	.005		12.98		.04
OTHER SERVICES/ALL X-OVERS	20	26		1,465.73		56.37	.019		73.29		1.10
@PHARMACY	871	1,961	\$	233,439.03	\$	119.04	1.466	\$	268.01	\$	174.47
PRESCRIPTION DRUGS	862	1,596		232,289.86		145.55	1.193		269.48		173.61
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	862	1,596		232,289.86		145.55	1.193		269.48		173.61
MEDICAL SUPPLIES	25	365		1,149.17		3.15	.273		45.97		.86
@DENTIST	7,313	38,488	\$	951,688.93	\$	24.73	28.765	\$	130.14	\$	711.28
VISITS - DIAGNOSTIC	5,794	28,583		403,912.68		14.13	21.362		69.71		301.88
ORAL SURGERY	884	1,664		92,394.35		55.53	1.244		104.52		69.05
DRUGS	261	299		6,419.18		21.47	.223		24.59		4.80
ANESTHESIA	29	30		3,000.00		100.00	.022		103.45		2.24
PERIODONTICS	99	101		9,703.10		96.07	.075		98.01		7.25
ENDODONTICS	481	732		90,845.22		124.11	.547		188.87		67.90
RESTORATIVE DENTISTRY	2,305	6,257		292,415.15		46.73	4.676		126.86		218.55
PROSTHETICS	5	5		170.00		34.00	.004		34.00		.13
DENTURES, STAYPLATES	59	286		23,767.50		83.10	.214		402.84		17.76
SPACE MAINTAINERS	35	45		4,923.00		109.40	.034		140.66		3.68
MAXILLOFACIAL SERVICES	7	7		350.00		50.00	.005		50.00		.26
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.001		700.00		.52
ORTHODONTIC SERVICES	281	334		22,413.75		67.11	.250		79.76		16.75
ALL OTHER SERVICES	135	144		675.00		4.69	.108		5.00		.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,054
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

@OPTOMETRIST	25	73	\$	1,684.40	\$	23.07	.055	\$	67.38	\$	1.26
DIAGNOSTIC AND ANC. PROCED	21	23		963.39		41.89	.017		45.88		.72
EYE APPLIANCES	16	48		685.60		14.28	.036		42.85		.51
OTHER OPTOMETRIC SERVICES	1	2		35.41		17.71	.001		35.41		.03
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	62.41	\$	62.41	.001	\$	62.41	\$	.05
MEDICINE/INJECTIONS	1	1		62.41		62.41	.001		62.41		.05
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	1CR	\$	30.13CR	\$	30.13	.001CR	\$	.00	\$	.02CR
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	286	762	\$	234,277.29	\$	307.45	.570	\$	819.15	\$	175.10
HOSP INPATIENT TOTAL	3	111		214,556.82		1932.94	.083		71518.94		160.36
HSC HOSPITALS	1	1		1,890.00		1890.00	.001		1890.00		1.41
NON-HSC HOSPITAL TOTAL	2	110		212,666.82		1933.33	.082		106333.41		158.94
ACCOMMODATIONS	2	110		50,859.48		462.36	.082		25429.74		38.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	110		50,859.48		462.36	.082		25429.74		38.01
ANCILLARIES	2	0		161,807.34		.00	.000		80903.67		120.93
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	283	651		19,720.47		30.29	.487		69.68		14.74
MEDICAL	34	39		1,771.82		45.43	.029		52.11		1.32
SURGERY	11	12		155.16		12.93	.009		14.11		.12
PATHOLOGY	46	194		2,738.35		14.12	.145		59.53		2.05
RADIOLOGY	34	40		2,000.19		50.00	.030		58.83		1.49
ROOM USE	99	114		4,117.93		36.12	.085		41.60		3.08
CROSSOVERS/ALL OTH OUTPTNT	200	252		8,937.02		35.46	.188		44.69		6.68
@COUNTY HOSPITAL TOTAL	7	22	\$	1,122.94	\$	51.04	.016	\$	160.42	\$	.84
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	22		1,122.94		51.04	.016		160.42		.84
MEDICAL	5	6		266.19		44.37	.004		53.24		.20
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		44.85		11.21	.003		44.85		.03
RADIOLOGY	3	4		133.13		33.28	.003		44.38		.10
ROOM USE	5	6		216.72		36.12	.004		43.34		.16
CROSSOVERS/ALL OTH OUTPTNT	2	2		462.05		231.03	.001		231.03		.35

1,338 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	279	740	\$ 233,154.35	\$ 315.07	.553	\$ 835.68	\$ 174.26
COMM HOSP INPATIENT TOTAL	3	111	214,556.82	1932.94	.083	71518.94	160.36
HSC HOSPITALS	1	1	1,890.00	1890.00	.001	1890.00	1.41
NON-HSC HOSPITALS TOTAL	2	110	212,666.82	1933.33	.082	106333.41	158.94
ACCOMMODATIONS	2	110	50,859.48	462.36	.082	25429.74	38.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	110	50,859.48	462.36	.082	25429.74	38.01
ANCILLARIES	2	0	161,807.34	.00	.000	80903.67	120.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	276	629	18,597.53	29.57	.470	67.38	13.90
MEDICAL	29	33	1,505.63	45.63	.025	51.92	1.13
SURGERY	11	12	155.16	12.93	.009	14.11	.12
PATHOLOGY	45	190	2,693.50	14.18	.142	59.86	2.01
RADIOLOGY	31	36	1,867.06	51.86	.027	60.23	1.40
ROOM USE	94	108	3,901.21	36.12	.081	41.50	2.92
CROSSOVERS/ALL OTH OUTPTNT	198	250	8,474.97	33.90	.187	42.80	6.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	68	207	\$ 2,691.66	\$ 13.00	.155	\$ 39.58	\$ 2.01
PATHOLOGY	68	207	2,691.66	13.00	.155	39.58	2.01
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,269	3,192	\$ 199,791.26	\$ 62.59	2.386	\$ 88.05	\$ 149.32
CLINIC	24	240	5,047.07	21.03	.179	210.29	3.77
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,247	2,952	194,744.19	65.97	2.206	86.67	145.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SOLANO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

PAGE 15,056
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,338 ELIGIBLES							
@ALL OTHER PROVIDERS	4,248	13,436	\$ 165,714.15	\$ 12.33	10.042	\$ 39.01	\$ 123.85
DURABLE MED. EQUIP.	1	1	123.75	123.75	.001	123.75	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	288	4,417.24	15.34	.215	315.52	3.30
AMBULANCES/AIR TRANS	14	286	2,607.36	9.12	.214	186.24	1.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,809.88	904.94	.001	904.94	1.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	59	60	6,300.00	105.00	.045	106.78	4.71
IHMC,MODEL-NF,NF,AIDS,MSSP	12	52	5,713.40	109.87	.039	476.12	4.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,015	2,138	18,454.01	8.63	1.598	18.18	13.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,169	10,893	130,103.45	11.94	8.141	41.06	97.24
EPSDT SUPPLEMENTAL SERVICE	4	2	472.50	236.25	.001	118.13	.35
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	129.80	64.90	.001	129.80	.10
@CALIF. CHILDREN SERVICES*	23	184	\$ 211,692.15	\$ 1150.50	.138	\$ 9204.01	\$ 158.22
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

2,427 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	38,057			241,589	\$	10,457,141.29	\$	43.28		99.542	\$	274.78	\$	4308.67	
@PHYSICIANS SERVICES	426			1,026	\$	37,133.93	\$	36.19		.423	\$	87.17	\$	15.30	
OUTPATIENT VISITS	217			258		11,220.33		43.49		.106		51.71		4.62	
OFFICE VISITS	103			115		3,765.23		32.74		.047		36.56		1.55	
HOME VISITS	4			5		201.17		40.23		.002		50.29		.08	
EMERGENCY ROOM	89			105		6,058.21		57.70		.043		68.07		2.50	
PREVENTIVE CARE	2			2		115.68		57.84		.001		57.84		.05	
OB VISITS/COMPRE PERI	2			4		241.92		60.48		.002		120.96		.10	
OTHER OUTPATIENT	25			27		838.12		31.04		.011		33.52		.35	
INPATIENT VISITS	22			69		3,008.55		43.60		.028		136.75		1.24	
HOSPITAL VISITS	18			60		2,541.61		42.36		.025		141.20		1.05	
CRITICAL CARE	2			3		202.44		67.48		.001		101.22		.08	
SNF/ICF/TRANS IP CARE	4			6		264.50		44.08		.002		66.13		.11	
OPHTHALMOLOGICAL SERVICES	2			2		76.37		38.19		.001		38.19		.03	
EXAMINATIONS	2			2		76.37		38.19		.001		38.19		.03	
SERVICES AND MATERIALS	0			0		.00		.00		.000		.00		.00	
INPATIENT HOSPITAL SURGERY	11			52		3,464.55		66.63		.021		314.96		1.43	
PRINCIPAL SURGEON	5			9		2,233.87		248.21		.004		446.77		.92	
ASSISTANT SURGEON	1			1		93.25		93.25		.000		93.25		.04	
ANESTHESIOLOGIST	6			42		1,137.43		27.08		.017		189.57		.47	
OUTPATIENT SURGERY	28			46		3,464.81		75.32		.019		123.74		1.43	
PRINCIPAL SURGEON	25			30		2,882.94		96.10		.012		115.32		1.19	
ASSISTANT SURGEON	0			0		.00		.00		.000		.00		.00	
ANESTHESIOLOGIST	4			16		581.87		36.37		.007		145.47		.24	
DIALYSIS	2			14		441.10		31.51		.006		220.55		.18	
PATHOLOGY	32			173		823.30		4.76		.071		25.73		.34	
RADIOLOGY	93			146		6,630.90		45.42		.060		71.30		2.73	
PSYCHIATRY	2			2		60.54		30.27		.001		30.27		.02	
IMMUNIZATION AND INJECTION	8			12		1,904.43		158.70		.005		238.05		.78	
OTHER SERVICES/ALL X-OVERS	116			252		6,039.05		23.96		.104		52.06		2.49	
@PHARMACY	13,038			45,095	\$	5,856,017.17	\$	129.86		18.581	\$	449.15	\$	2412.86	
PRESCRIPTION DRUGS	12,830			26,328		5,827,079.90		221.33		10.848		454.18		2400.94	
SNF/ICF	488			1,655		260,260.21		157.26		.682		533.32		107.24	
OUTPATIENTS	12,379			24,673		5,566,819.69		225.62		10.166		449.70		2293.70	
MEDICAL SUPPLIES	268			18,767		28,937.27		1.54		7.733		107.97		11.92	
@DENTIST	13,336			67,019	\$	1,940,222.27	\$	28.95		27.614	\$	145.49	\$	799.43	
VISITS - DIAGNOSTIC	10,020			47,622		628,284.37		13.19		19.622		62.70		258.87	
ORAL SURGERY	1,814			4,256		221,972.40		52.16		1.754		122.37		91.46	
DRUGS	292			345		7,089.18		20.55		.142		24.28		2.92	
ANESTHESIA	67			69		6,500.00		94.20		.028		97.01		2.68	
PERIODONTICS	424			436		45,039.80		103.30		.180		106.23		18.56	
ENDODONTICS	689			1,020		153,241.72		150.24		.420		222.41		63.14	
RESTORATIVE DENTISTRY	3,666			9,742		489,847.60		50.28		4.014		133.62		201.83	
PROSTHETICS	56			58		1,726.00		29.76		.024		30.82		.71	
DENTURES, STAYPLATES	894			2,747		350,512.45		127.60		1.132		392.07		144.42	
SPACE MAINTAINERS	38			49		5,385.00		109.90		.020		141.71		2.22	
MAXILLOFACIAL SERVICES	11			12		600.00		50.00		.005		54.55		.25	
FRACTURES, DISLOCATIONS	1			1		700.00		700.00		.000		700.00		.29	
ORTHODONTIC SERVICES	343			414		28,423.75		68.66		.171		82.87		11.71	
ALL OTHER SERVICES	252			248		900.00		3.63		.102		3.57		.37	

2,427 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	42	128	\$ 2,879.06	\$ 22.49	.053	\$ 68.55	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	30	33	1,379.98	41.82	.014	46.00	.57
EYE APPLIANCES	32	92	1,394.77	15.16	.038	43.59	.57
OTHER OPTOMETRIC SERVICES	2	3	104.31	34.77	.001	52.16	.04
@CHIROPRACITOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	7	\$ 155.34	\$ 22.19	.003	\$ 31.07	\$.06
MEDICINE/INJECTIONS	3	3	143.61	47.87	.001	47.87	.06
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	.73	.24	.001	.37	.00
@HOME HEALTH AGENCY	5	38	\$ 2,725.48	\$ 71.72	.016	\$ 545.10	\$ 1.12
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	462	1,571	\$ 492,924.72	\$ 313.76	.647	\$ 1066.94	\$ 203.10
HOSP INPATIENT TOTAL	28	252	455,579.03	1807.85	.104	16270.68	187.71
HSC HOSPITALS	9	38	54,509.28	1434.45	.016	6056.59	22.46
NON-HSC HOSPITAL TOTAL	19	214	405,341.75	1894.12	.088	21333.78	167.01
ACCOMMODATIONS	19	214	122,883.91	574.22	.088	6467.57	50.63
ADMINISTRATIVE DAYS	1	6	1,340.48	223.41	.002	1340.48	.55
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	208	121,543.43	584.34	.086	6397.02	50.08
ANCILLARIES	19	0	282,457.84	.00	.000	14866.20	116.38
INPATIENT CROSSOVERS	1	0	4,272.00CR	.00	.000	4272.00CR	1.76CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	435	1,319	37,345.69	28.31	.543	85.85	15.39
MEDICAL	57	69	3,378.79	48.97	.028	59.28	1.39
SURGERY	23	26	439.09	16.89	.011	19.09	.18
PATHOLOGY	87	413	4,839.46	11.72	.170	55.63	1.99
RADIOLOGY	69	79	6,961.54	88.12	.033	100.89	2.87
ROOM USE	170	210	7,973.32	37.97	.087	46.90	3.29
CROSSOVERS/ALL OTH OUTPTNT	295	522	13,753.49	26.35	.215	46.62	5.67
@COUNTY HOSPITAL TOTAL	15	51	\$ 14,703.91	\$ 288.31	.021	\$ 980.26	\$ 6.06
CO HOSPITAL INPATIENT TOTAL	1	12	13,200.00	1100.00	.005	13200.00	5.44
HSC HOSPITALS	1	12	13,200.00	1100.00	.005	13200.00	5.44
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	39	1,503.91	38.56	.016	107.42	.62
MEDICAL	6	7	312.25	44.61	.003	52.04	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	141.71	12.88	.005	35.43	.06

RADIOLOGY	4	6	174.35	29.06	.002	43.59	.07
ROOM USE	9	11	401.66	36.51	.005	44.63	.17
CROSSOVERS/ALL OTH OUTPTNT	4	4	473.94	118.49	.002	118.49	.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,059

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	2,427 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	447	1,520	\$	478,220.81	\$ 314.62	.626	\$ 1069.85	\$ 197.04
COMM HOSP INPATIENT TOTAL	27	240		442,379.03	1843.25	.099	16384.41	182.27
HSC HOSPITALS	8	26		41,309.28	1588.82	.011	5163.66	17.02
NON-HSC HOSPITALS TOTAL	19	214		405,341.75	1894.12	.088	21333.78	167.01
ACCOMMODATIONS	19	214		122,883.91	574.22	.088	6467.57	50.63
ADMINISTRATIVE DAYS	1	6		1,340.48	223.41	.002	1340.48	.55
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	208		121,543.43	584.34	.086	6397.02	50.08
ANCILLARIES	19	0		282,457.84	.00	.000	14866.20	116.38
INPATIENT CROSSOVERS	1	0		4,272.00CR	.00	.000	4272.00CR	1.76CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	421	1,280		35,841.78	28.00	.527	85.13	14.77
MEDICAL	51	62		3,066.54	49.46	.026	60.13	1.26
SURGERY	23	26		439.09	16.89	.011	19.09	.18
PATHOLOGY	83	402		4,697.75	11.69	.166	56.60	1.94
RADIOLOGY	65	73		6,787.19	92.98	.030	104.42	2.80
ROOM USE	161	199		7,571.66	38.05	.082	47.03	3.12
CROSSOVERS/ALL OTH OUTPTNT	291	518		13,279.55	25.64	.213	45.63	5.47
@STATE HOSPITAL	13	489	\$	251,746.22	\$ 514.82	.201	\$ 19365.09	\$ 103.73
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	13	489		251,746.22	514.82	.201	19365.09	103.73
@NURSING FACILITY	19	738	\$	98,888.36	\$ 134.00	.304	\$ 5204.65	\$ 40.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	19	738		98,888.36	134.00	.304	5204.65	40.75
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,624.27	\$ 149.17	.013	\$ 4624.27	\$ 1.91
ICF DDH	1	31		4,624.27	149.17	.013	4624.27	1.91
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	53	\$	7,770.34	\$ 146.61	.022	\$ 706.39	\$ 3.20
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	53		7,770.34	146.61	.022	706.39	3.20
@REHABILITATION FACILITY	2	6	\$	149.59	\$ 24.93	.002	\$ 74.80	\$.06
HOSPITAL BASED	1	1		52.62	52.62	.000	52.62	.02
INDEPENDENT FACILITY	1	5		96.97	19.39	.002	96.97	.04
@LABORATORY FACILITY	130	508	\$	6,280.82	\$ 12.36	.209	\$ 48.31	\$ 2.59
PATHOLOGY	129	498		6,178.62	12.41	.205	47.90	2.55
XO AND OTHERS	1	10		102.20	10.22	.004	102.20	.04
@ORGANIZED OUTPATIENT CLINIC	3,945	6,055	\$	383,155.63	\$ 63.28	2.495	\$ 97.12	\$ 157.87
CLINIC	75	707		14,637.67	20.70	.291	195.17	6.03
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	6		91.01	15.17	.002	91.01	.04
RURAL HEALTH CLINIC	3,873	5,342		368,426.95	68.97	2.201	95.13	151.80

MOP024
SOLANO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

2,427 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9,407	118,825	\$ 1,372,468.09	\$ 11.55	48.960	\$ 145.90	\$ 565.50
DURABLE MED. EQUIP.	9	20	5,222.51	261.13	.008	580.28	2.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	39	1,128	8,607.95	7.63	.465	220.72	3.55
AMBULANCES/AIR TRANS	36	436	5,247.07	12.03	.180	145.75	2.16
OTHER TRANS	3	690	1,551.00	2.25	.284	517.00	.64
OTHER SERVICES	2	2	1,809.88	904.94	.001	904.94	.75
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	64	834	58,068.00	69.63	.344	907.31	23.93
GENETIC DISEASE TESTING	77	78	8,190.00	105.00	.032	106.36	3.37
IHMC,MODEL-NF,NF,AIDS,MSSP	1,187	18,882	830,257.56	43.97	7.780	699.46	342.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,092	6,579	68,405.07	10.40	2.711	22.12	28.19
PHYSICAL THERAPIST	1	1	1.87	1.87	.000	1.87	.00
PORTABLE X-RAY	2	8	238.61	29.83	.003	119.31	.10
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.001	99.19	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,935	36,762	370,880.56	10.09	15.147	75.15	152.81
EPSDT SUPPLEMENTAL SERVICE	6	193	6,089.81	31.55	.080	1014.97	2.51
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	84	54,338		16,406.96		.30	22.389	195.32	6.76
@CALIF. CHILDREN SERVICES*	59	990	\$	244,502.17	\$	246.97	.408	\$ 4144.10	\$ 100.74
@XOVER EXCLUDING STATE HOSP**	98	916	\$	7,712.49	\$	8.42	.377	\$ 78.70	\$ 3.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,061

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	359	547	\$ 30,186.20	\$ 55.19	13.341	\$ 84.08	\$ 736.25
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2	\$ 26.05CR	\$ 13.03CR	.049	\$ 26.05CR	.64CR
PRESCRIPTION DRUGS	1	2	26.05CR	13.03CR	.049	26.05CR	.64CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	26.05CR	13.03CR	.049	26.05CR	.64CR
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	6	\$ 150.00	\$ 25.00	.146	\$ 37.50	\$ 3.66
VISITS - DIAGNOSTIC	3	4	67.00	16.75	.098	22.33	1.63
ORAL SURGERY	1	2	83.00	41.50	.049	83.00	2.02
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,062
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	3	\$ 128.34	\$ 42.78	.073	\$ 42.78	\$ 3.13
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	3	128.34	42.78	.073	42.78	3.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	128.34	42.78	.073	42.78	3.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,063
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	3	\$ 128.34	\$ 42.78	.073	\$ 42.78	\$ 3.13
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	3	128.34	42.78	.073	42.78	3.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	3	128.34	42.78	.073	42.78	3.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	349	532	\$	29,893.99	\$	56.19	12.976	\$	85.66	\$	729.12
CLINIC	1	16		307.68		19.23	.390		307.68		7.50
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	348	516		29,586.31		57.34	12.585		85.02		721.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,064
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	4	\$	39.92	\$ 9.98	.098	\$ 19.96	\$.97
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		19.12	9.56	.049	19.12	.47
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2		20.80	10.40	.049	20.80	.51
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,065
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	5,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,770	33,214	\$	3,668,993.54	\$ 110.47	5.563	\$ 769.18	\$ 614.47
@PHYSICIANS SERVICES	2,370	9,047	\$	475,772.29	\$ 52.59	1.515	\$ 200.75	\$ 79.68
OUTPATIENT VISITS	943	1,861		104,717.86	56.27	.312	111.05	17.54
OFFICE VISITS	97	109		9,231.22	84.69	.018	95.17	1.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	152	168		11,253.97	66.99	.028	74.04	1.88

PREVENTIVE CARE	4	4	170.68	42.67	.001	42.67	.03
OB VISITS/COMPRE PERI	713	1,580	84,061.99	53.20	.265	117.90	14.08
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	325	731	45,652.01	62.45	.122	140.47	7.65
HOSPITAL VISITS	307	569	25,118.52	44.15	.095	81.82	4.21
CRITICAL CARE	23	162	20,533.49	126.75	.027	892.76	3.44
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	496	2,368	243,280.10	102.74	.397	490.48	40.74
PRINCIPAL SURGEON	314	324	193,087.48	595.95	.054	614.93	32.34
ASSISTANT SURGEON	44	44	7,627.16	173.34	.007	173.34	1.28
ANESTHESIOLOGIST	181	2,000	42,565.46	21.28	.335	235.17	7.13
OUTPATIENT SURGERY	165	322	24,045.99	74.68	.054	145.73	4.03
PRINCIPAL SURGEON	153	209	20,618.29	98.65	.035	134.76	3.45
ASSISTANT SURGEON	1	1	141.88	141.88	.000	141.88	.02
ANESTHESIOLOGIST	34	112	3,285.82	29.34	.019	96.64	.55
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	489	2,538	7,555.88	2.98	.425	15.45	1.27
RADIOLOGY	608	855	40,679.25	47.58	.143	66.91	6.81
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.01
IMMUNIZATION AND INJECTION	48	129	1,548.38	12.00	.022	32.26	.26
OTHER SERVICES/ALL X-OVERS	152	242	8,219.53	33.97	.041	54.08	1.38
@PHARMACY	984	1,941	\$ 64,162.65	\$ 33.06	.325	\$ 65.21	\$ 10.75
PRESCRIPTION DRUGS	909	1,582	41,101.09	25.98	.265	45.22	6.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	909	1,582	41,101.09	25.98	.265	45.22	6.88
MEDICAL SUPPLIES	197	359	23,061.56	64.24	.060	117.06	3.86
@DENTIST	40	165	\$ 2,126.00	\$ 12.88	.028	\$ 53.15	\$.36
VISITS - DIAGNOSTIC	33	112	1,043.00	9.31	.019	31.61	.17
ORAL SURGERY	8	12	415.00	34.58	.002	51.88	.07

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	11	38	618.00	16.26	.006	56.18	.10
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.01
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,066
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

5,971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	66	111	\$ 5,849.31	\$ 52.70	.019	\$ 88.63	\$.98
NURSE ANESTHESIST	53	708	\$ 12,843.74	\$ 18.14	.119	\$ 242.33	\$ 2.15
NURSE MIDWIFE	4	60	\$ 1,416.75	\$ 23.61	.010	\$ 354.19	\$.24
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ 25.26	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,220	15,584	\$ 2,942,010.81	\$ 188.78	2.610	\$ 1325.23	\$ 492.72
HOSP INPATIENT TOTAL	452	1,789	2,594,745.81	1450.39	.300	5740.59	434.56
HSC HOSPITALS	23	100	147,668.21	1476.68	.017	6420.36	24.73
NON-HSC HOSPITAL TOTAL	429	1,689	2,446,201.60	1448.31	.283	5702.10	409.68
ACCOMMODATIONS	429	1,689	1,069,883.99	633.44	.283	2493.90	179.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	429	1,689	1,069,883.99	633.44	.283	2493.90	179.18
ANCILLARIES	429	0	1,376,317.61	.00	.000	3208.20	230.50
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,026	13,795	347,265.00	25.17	2.310	171.40	58.16
MEDICAL	50	60	2,644.13	44.07	.010	52.88	.44
SURGERY	113	133	3,271.48	24.60	.022	28.95	.55
PATHOLOGY	665	2,223	21,388.78	9.62	.372	32.16	3.58
RADIOLOGY	492	564	35,085.68	62.21	.094	71.31	5.88
RADIO USE	1,288	2,263	81,608.08	36.06	.379	63.36	13.67
CROSSOVERS/ALL OTH OUTPTNT	1,545	8,552	203,266.85	23.77	1.432	131.56	34.04
@COUNTY HOSPITAL TOTAL	22	154	\$ 9,777.49	\$ 63.49	.026	\$ 444.43	\$ 1.64
CO HOSPITAL INPATIENT TOTAL	1	4	4,800.00	1200.00	.001	4800.00	.80
HSC HOSPITALS	1	4	4,800.00	1200.00	.001	4800.00	.80

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	150	4,977.49	33.18	.025	237.02	.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	13	20	599.91	30.00	.003	46.15	.10
PATHOLOGY	10	55	1,264.56	22.99	.009	126.46	.21
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	12	36	2,318.49	64.40	.006	193.21	.39
CROSSOVERS/ALL OTH OUTPTNT	17	39	794.53	20.37	.007	46.74	.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,067
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,971 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,199	15,430	\$ 2,932,233.32	\$ 190.03	2.584	\$ 1333.44	\$ 491.08
COMM HOSP INPATIENT TOTAL	451	1,785	2,589,945.81	1450.95	.299	5742.67	433.75
HSC HOSPITALS	22	96	142,868.21	1488.21	.016	6494.01	23.93
NON-HSC HOSPITALS TOTAL	429	1,689	2,446,201.60	1448.31	.283	5702.10	409.68
ACCOMMODATIONS	429	1,689	1,069,883.99	633.44	.283	2493.90	179.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	429	1,689	1,069,883.99	633.44	.283	2493.90	179.18
ANCILLARIES	429	0	1,376,317.61	.00	.000	3208.20	230.50
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,006	13,645	342,287.51	25.09	2.285	170.63	57.32
MEDICAL	50	60	2,644.13	44.07	.010	52.88	.44
SURGERY	100	113	2,671.57	23.64	.019	26.72	.45
PATHOLOGY	655	2,168	20,124.22	9.28	.363	30.72	3.37
RADIOLOGY	492	564	35,085.68	62.21	.094	71.31	5.88
ROOM USE	1,277	2,227	79,289.59	35.60	.373	62.09	13.28
CROSSOVERS/ALL OTH OUTPTNT	1,529	8,513	202,472.32	23.78	1.426	132.42	33.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,010	2,377	\$	36,816.14	\$	15.49	.398	\$	36.45	\$	6.17
PATHOLOGY	1,010	2,377		36,816.14		15.49	.398		36.45		6.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	473	2,491	\$	98,888.67	\$	39.70	.417	\$	209.07	\$	16.56
CLINIC	335	2,203		66,434.96		30.16	.369		198.31		11.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	138	288		32,453.71		112.69	.048		235.17		5.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,068
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,971 ELIGIBLES							
@ALL OTHER PROVIDERS	211	730	\$ 29,081.92	\$ 39.84	.122	\$ 137.83	\$ 4.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	542	9,551.24	17.62	.091	397.97	1.60
AMBULANCES/AIR TRANS	24	540	6,476.24	11.99	.090	269.84	1.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	178	178	18,690.00	105.00	.030	105.00	3.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	10	840.68	84.07	.002	93.41	.14
PROSTHETICS	9	10	840.68	84.07	.002	93.41	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	66	\$ 59,191.05	\$ 896.83	.011	\$ 7398.88	\$ 9.91
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 876.00	\$.00	.000	\$ 876.00	\$.15

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 15,069
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
18 ELIGIBLES							

@TOTAL, ALL PROVIDERS	10	23	\$	165.99	\$	7.22	1.278	\$	16.60	\$	9.22
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	3	4	\$	34.52	\$	8.63	.222	\$	11.51	\$	1.92
PRESCRIPTION DRUGS	3	4		34.52		8.63	.222		11.51		1.92
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	4		34.52		8.63	.222		11.51		1.92
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	2	7	\$	.00	\$	.00	.389	\$	.00	\$	.00
VISITS - DIAGNOSTIC	2	5		.00		.00	.278		.00		.00
ORAL SURGERY	1	1		.00		.00	.056		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.056		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

PAGE 15,070
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
18 ELIGIBLES							

----- MONTHLY AVERAGE -----

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	3	\$	34.97	\$	11.66	.167	\$	34.97	\$	1.94
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	3		34.97		11.66	.167		34.97		1.94
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	1	1	11.59	11.59	.056	11.59	.64
ROOM USE	1	1	17.49	17.49	.056	17.49	.97
CROSSOVERS/ALL OTH OUTPTNT	1	1	5.89	5.89	.056	5.89	.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	\$.000	\$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,071
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 34.97	\$ 11.66	.167	\$ 34.97	\$ 1.94
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	34.97	11.66	.167	34.97	1.94
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	11.59	11.59	.056	11.59	.64
ROOM USE	1	1	17.49	17.49	.056	17.49	.97
CROSSOVERS/ALL OTH OUTPTNT	1	1	5.89	5.89	.056	5.89	.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	5	\$ 71.27	\$ 14.25	.278	\$ 23.76	\$ 3.96
PATHOLOGY	3	5	71.27	14.25	.278	23.76	3.96
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$ 25.23	\$ 6.31	.222	\$ 25.23	\$ 1.40
CLINIC	1	4	25.23	6.31	.222	25.23	1.40
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SOLANO COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
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18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

6,030 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,139	33,784	\$ 3,699,345.73	\$ 109.50	5.603	\$ 719.86	\$ 613.49	
@PHYSICIANS SERVICES	2,370	9,047	\$ 475,772.29	\$ 52.59	1.500	\$ 200.75	\$ 78.90	
OUTPATIENT VISITS	943	1,861	104,717.86	56.27	.309	111.05	17.37	
OFFICE VISITS	97	109	9,231.22	84.69	.018	95.17	1.53	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	152	168	11,253.97	66.99	.028	74.04	1.87	
PREVENTIVE CARE	4	4	170.68	42.67	.001	42.67	.03	
OB VISITS/COMPRE PERI	713	1,580	84,061.99	53.20	.262	117.90	13.94	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	325	731	45,652.01	62.45	.121	140.47	7.57	
HOSPITAL VISITS	307	569	25,118.52	44.15	.094	81.82	4.17	
CRITICAL CARE	23	162	20,533.49	126.75	.027	892.76	3.41	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	496	2,368	243,280.10	102.74	.393	490.48	40.34	
PRINCIPAL SURGEON	314	324	193,087.48	595.95	.054	614.93	32.02	
ASSISTANT SURGEON	44	44	7,627.16	173.34	.007	173.34	1.26	
ANESTHESIOLOGIST	181	2,000	42,565.46	21.28	.332	235.17	7.06	
OUTPATIENT SURGERY	165	322	24,045.99	74.68	.053	145.73	3.99	
PRINCIPAL SURGEON	153	209	20,618.29	98.65	.035	134.76	3.42	
ASSISTANT SURGEON	1	1	141.88	141.88	.000	141.88	.02	
ANESTHESIOLOGIST	34	112	3,285.82	29.34	.019	96.64	.54	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	489	2,538	7,555.88	2.98	.421	15.45	1.25	
RADIOLOGY	608	855	40,679.25	47.58	.142	66.91	6.75	
PSYCHIATRY	1	1	73.29	73.29	.000	73.29	.01	
IMMUNIZATION AND INJECTION	48	129	1,548.38	12.00	.021	32.26	.26	
OTHER SERVICES/ALL X-OVERS	152	242	8,219.53	33.97	.040	54.08	1.36	
@PHARMACY	988	1,947	\$ 64,171.12	\$ 32.96	.323	\$ 64.95	\$ 10.64	
PRESCRIPTION DRUGS	913	1,588	41,109.56	25.89	.263	45.03	6.82	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	913	1,588	41,109.56	25.89	.263	45.03	6.82	
MEDICAL SUPPLIES	197	359	23,061.56	64.24	.060	117.06	3.82	
@DENTIST	46	178	\$ 2,276.00	\$ 12.79	.030	\$ 49.48	\$.38	
VISITS - DIAGNOSTIC	38	121	1,110.00	9.17	.020	29.21	.18	
ORAL SURGERY	10	15	498.00	33.20	.002	49.80	.08	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	1	1	.00	.00	.000	.00	.00	
ENDODONTICS	1	1	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	12	39	618.00	15.85	.006	51.50	.10	
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.01	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00	

6,030 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
							UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	66	111	\$	5,849.31	\$ 52.70	.018	\$ 88.63	\$.97	
NURSE ANESTHESIST	53	708	\$	12,843.74	\$ 18.14	.117	\$ 242.33	\$ 2.13	
NURSE MIDWIFE	4	60	\$	1,416.75	\$ 23.61	.010	\$ 354.19	\$.23	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	25.26	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	2,224	15,590	\$	2,942,174.12	\$ 188.72	2.585	\$ 1322.92	\$ 487.92	
HOSP INPATIENT TOTAL	452	1,789		2,594,745.81	1450.39	.297	5740.59	430.31	
HSC HOSPITALS	23	100		147,668.21	1476.68	.017	6420.36	24.49	
NON-HSC HOSPITAL TOTAL	429	1,689		2,446,201.60	1448.31	.280	5702.10	405.67	
ACCOMMODATIONS	429	1,689		1,069,883.99	633.44	.280	2493.90	177.43	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	429	1,689		1,069,883.99	633.44	.280	2493.90	177.43	
ANCILLARIES	429	0		1,376,317.61	.00	.000	3208.20	228.25	
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	.15	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2,030	13,801		347,428.31	25.17	2.289	171.15	57.62	
MEDICAL	50	60		2,644.13	44.07	.010	52.88	.44	
SURGERY	113	133		3,271.48	24.60	.022	28.95	.54	
PATHOLOGY	665	2,223		21,388.78	9.62	.369	32.16	3.55	
RADIOLOGY	493	565		35,097.27	62.12	.094	71.19	5.82	
ROOM USE	1,289	2,264		81,625.57	36.05	.375	63.32	13.54	
CROSSOVERS/ALL OTH OUTPTNT	1,549	8,556		203,401.08	23.77	1.419	131.31	33.73	
@COUNTY HOSPITAL TOTAL	22	154	\$	9,777.49	\$ 63.49	.026	\$ 444.43	\$ 1.62	
CO HOSPITAL INPATIENT TOTAL	1	4		4,800.00	1200.00	.001	4800.00	.80	
HSC HOSPITALS	1	4		4,800.00	1200.00	.001	4800.00	.80	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	21	150		4,977.49	33.18	.025	237.02	.83	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	13	20		599.91	30.00	.003	46.15	.10	
PATHOLOGY	10	55		1,264.56	22.99	.009	126.46	.21	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	12	36	2,318.49	64.40	.006	193.21	.38
CROSSOVERS/ALL OTH OUTPTNT	17	39	794.53	20.37	.006	46.74	.13

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SOLANO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	6,030 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,203	15,436	\$ 2,932,396.63	\$ 189.97	2.560	\$ 1331.09	\$ 486.30	
COMM HOSP INPATIENT TOTAL	451	1,785	2,589,945.81	1450.95	.296	5742.67	429.51	
HSC HOSPITALS	22	96	142,868.21	1488.21	.016	6494.01	23.69	
NON-HSC HOSPITALS TOTAL	429	1,689	2,446,201.60	1448.31	.280	5702.10	405.67	
ACCOMMODATIONS	429	1,689	1,069,883.99	633.44	.280	2493.90	177.43	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	429	1,689	1,069,883.99	633.44	.280	2493.90	177.43	
ANCILLARIES	429	0	1,376,317.61	.00	.000	3208.20	228.25	
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	.15	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,010	13,651	342,450.82	25.09	2.264	170.37	56.79	
MEDICAL	50	60	2,644.13	44.07	.010	52.88	.44	
SURGERY	100	113	2,671.57	23.64	.019	26.72	.44	
PATHOLOGY	655	2,168	20,124.22	9.28	.360	30.72	3.34	
RADIOLOGY	493	565	35,097.27	62.12	.094	71.19	5.82	
ROOM USE	1,278	2,228	79,307.08	35.60	.369	62.06	13.15	
CROSSOVERS/ALL OTH OUTPTNT	1,533	8,517	202,606.55	23.79	1.412	132.16	33.60	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,013	2,382	\$	36,887.41	\$	15.49	\$	6.12
PATHOLOGY	1,013	2,382		36,887.41		15.49		6.12
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	823	3,027	\$	128,807.89	\$	42.55	\$	21.36
CLINIC	337	2,223		66,767.87		30.04		11.07
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	486	804		62,040.02		77.16		10.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SOLANO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
6,030 ELIGIBLES							
@ALL OTHER PROVIDERS	213	734	\$ 29,121.84	\$ 39.68	.122	\$ 136.72	\$ 4.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	542	9,551.24	17.62	.090	397.97	1.58
AMBULANCES/AIR TRANS	24	540	6,476.24	11.99	.090	269.84	1.07
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	178	178	18,690.00	105.00	.030	105.00	3.10
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.000	19.12	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	10	840.68	84.07	.002	93.41	.14
PROSTHETICS	9	10	840.68	84.07	.002	93.41	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	20.80	10.40	.000	20.80	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	66	\$	59,191.05	\$ 896.83	.011	\$ 7398.88	\$ 9.82
@XOVER EXCLUDING STATE HOSP**	1	0	\$	876.00	\$.00	.000	\$ 876.00	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	197	639	\$ 47,531.48	\$ 74.38	.000	\$ 241.28	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	52	8	\$ 12,934.34	\$ 1616.79	.000	\$ 248.74	\$.00
PRESCRIPTION DRUGS	39	58	12,475.34	215.09	.000	319.88	.00
SNF/ICF	7	11	1,215.82	110.53	.000	173.69	.00
OUTPATIENTS	32	47	11,259.52	239.56	.000	351.86	.00
MEDICAL SUPPLIES	13	50CR	459.00	9.18CR	.000	35.31	.00
@DENTIST	44	240	\$ 7,062.00	\$ 29.43	.000	\$ 160.50	\$.00
VISITS - DIAGNOSTIC	36	167	1,687.00	10.10	.000	46.86	.00
ORAL SURGERY	8	15	735.00	49.00	.000	91.88	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	25.00	25.00	.000	25.00	.00
ENDODONTICS	2	2	475.00	237.50	.000	237.50	.00
RESTORATIVE DENTISTRY	5	10	989.00	98.90	.000	197.80	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	9	44	3,151.00	71.61	.000	350.11	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,078
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	8	14	\$	822.55	\$	58.75	.000	\$	102.82	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	14		822.55		58.75	.000		102.82		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,080
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	107	377	\$ 26,712.59	\$ 70.86	.000	\$ 249.65	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	86	323	26,054.49	80.66	.000	302.96	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	54	658.10	12.19	.000	24.37	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,081

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	53	\$ 3,424.16	\$ 64.61	.000	\$ 214.01	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	8	11	\$ 760.19	\$ 69.11	.000	\$ 95.02	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	8	11	760.19	69.11	.000	95.02	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,082
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,083
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,084
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	42	\$ 2,663.97	\$ 63.43	.000	\$ 333.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	42	2,663.97	63.43	.000	333.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,085
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	354	1,451	\$	140,869.14	\$	97.08	483.667	\$	397.94	\$	46956.38
@PHYSICIANS SERVICES	3	5	\$	23.71	\$	4.74	1.667	\$	7.90	\$	7.90
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		23.71		4.74	1.667		7.90		7.90
@PHARMACY	203	431	\$	117,371.18	\$	272.32	143.667	\$	578.18	\$	39123.73
PRESCRIPTION DRUGS	203	429		117,371.18		273.59	143.000		578.18		39123.73

SNF/ICF	1	2	170.68	85.34	.667	170.68	56.89
OUTPATIENTS	202	427	117,200.50	274.47	142.333	580.20	39066.83
MEDICAL SUPPLIES	1	2	.00	.00	.667	.00	.00
@DENTIST	101	470	\$ 15,469.00	\$ 32.91	156.667	\$ 153.16	\$ 5156.33
VISITS - DIAGNOSTIC	61	320	3,751.00	11.72	106.667	61.49	1250.33
ORAL SURGERY	14	47	2,140.00	45.53	15.667	152.86	713.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.333	100.00	33.33
PERIODONTICS	5	6	615.00	102.50	2.000	123.00	205.00
ENDODONTICS	1	1	215.00	215.00	.333	215.00	71.67
RESTORATIVE DENTISTRY	21	55	2,933.00	53.33	18.333	139.67	977.67
PROSTHETICS	3	3	60.00	20.00	1.000	20.00	20.00
DENTURES, STAYPLATES	19	36	5,620.00	156.11	12.000	295.79	1873.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.333	35.00	11.67
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,086
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,087
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

					----- MONTHLY AVERAGE -----		
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	22	\$ 1,431.52	\$ 65.07	7.333	\$ 95.43	\$ 477.17
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	22	1,431.52	65.07	7.333	95.43	477.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,088

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	51	523	\$ 6,573.73	\$ 12.57	174.333	\$ 128.90	\$ 2191.24
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	36	4,363.65	121.21	12.000	311.69	1454.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	77	836.42	10.86	25.667	24.60	278.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.333	10.40	3.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	409	1,363.26	3.33	136.333	681.63	454.42
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	14	\$ 1,095.27	\$ 78.23	4.667	\$ 273.82	\$ 365.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 15,090
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,091
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,092
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,093

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	567	2,143	\$ 191,824.78	\$ 89.51	714.333	\$ 338.32	\$ 63941.59
@PHYSICIANS SERVICES	3	5	\$ 23.71	\$ 4.74	1.667	\$ 7.90	\$ 7.90
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	23.71	4.74	1.667	7.90	7.90
@PHARMACY	263	450	\$ 131,065.71	\$ 291.26	150.000	\$ 498.35	\$ 43688.57
PRESCRIPTION DRUGS	242	487	129,846.52	266.63	162.333	536.56	43282.17
SNF/ICF	8	13	1,386.50	106.65	4.333	173.31	462.17
OUTPATIENTS	234	474	128,460.02	271.01	158.000	548.97	42820.01
MEDICAL SUPPLIES	22	37CR	1,219.19	32.95CR	12.333CR	55.42	406.40
@DENTIST	145	710	\$ 22,531.00	\$ 31.73	236.667	\$ 155.39	\$ 7510.33
VISITS - DIAGNOSTIC	97	487	5,438.00	11.17	162.333	56.06	1812.67
ORAL SURGERY	22	62	2,875.00	46.37	20.667	130.68	958.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.333	100.00	33.33
PERIODONTICS	6	7	640.00	91.43	2.333	106.67	213.33
ENDODONTICS	3	3	690.00	230.00	1.000	230.00	230.00
RESTORATIVE DENTISTRY	26	65	3,922.00	60.34	21.667	150.85	1307.33
PROSTHETICS	3	3	60.00	20.00	1.000	20.00	20.00

DENTURES, STAYPLATES	28	80	8,771.00	109.64	26.667	313.25	2923.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.333	35.00	11.67
ALL OTHER SERVICES	4	1	.00	.00	.333	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,094
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,095
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23	36	\$	2,254.07	\$	62.61	\$	98.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	23	36		2,254.07		62.61		98.00
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	166	942	\$ 35,950.29	\$ 38.16	314.000	\$ 216.57
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	108	401	33,082.11	82.50	133.667	306.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	61	131	1,494.52	11.41	43.667	24.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.333	10.40	3.47
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	409	1,363.26	3.33	136.333	681.63	454.42
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	14	\$ 1,095.27	\$ 78.23	4.667	\$ 273.82	\$ 365.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	279	810	\$ 83,514.87	\$ 103.10	.000	\$ 299.34	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	39	135CR	\$ 3,243.92	\$ 24.03CR	.000	\$ 83.18	\$.00
PRESCRIPTION DRUGS	33	41	2,944.84	71.83	.000	89.24	.00
SNF/ICF	1	1	21.95	21.95	.000	21.95	.00
OUTPATIENTS	33	40	2,922.89	73.07	.000	88.57	.00
MEDICAL SUPPLIES	6	176CR	299.08	1.70CR	.000	49.85	.00
@DENTIST	36	183	\$ 9,335.00	\$ 51.01	.000	\$ 259.31	\$.00
VISITS - DIAGNOSTIC	27	113	1,385.00	12.26	.000	51.30	.00
ORAL SURGERY	8	36	1,957.00	54.36	.000	244.63	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	2	260.00	130.00	.000	130.00	.00
RESTORATIVE DENTISTRY	5	16	928.00	58.00	.000	185.60	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	15	4,705.00	313.67	.000	522.78	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,098
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,099
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,100
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	213	762	\$ 70,935.95	\$ 93.09	.000	\$ 333.03	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	64	4,463.56	69.74	.000	1115.89	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	202	671	66,069.61	98.46	.000	327.08	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	27	402.78	14.92	.000	30.98	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,101
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	4	\$ 198.00	\$ 49.50	.000	\$ 99.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	4	\$	198.00	\$ 49.50	.000	\$ 99.00	\$.00
VISITS - DIAGNOSTIC	1	3		58.00	19.33	.000	58.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00	140.00	.000	140.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,102
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,103
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,104
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 15,105
03/14/05

						----- MONTHLY AVERAGE -----		
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	127	1,876	\$ 47,345.50	\$ 25.24	938.000	\$ 372.80	\$ 23672.75	
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	48	1,171	\$	26,526.05	\$ 22.65	585.500	\$ 552.63	\$ 13263.03	
PRESCRIPTION DRUGS	39	57		25,862.99	453.74	28.500	663.15	12931.50	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	39	57		25,862.99	453.74	28.500	663.15	12931.50	
MEDICAL SUPPLIES	9	1,114		663.06	.60	557.000	73.67	331.53	
@DENTIST	24	117	\$	3,192.80	\$ 27.29	58.500	\$ 133.03	\$ 1596.40	
VISITS - DIAGNOSTIC	17	82		936.00	11.41	41.000	55.06	468.00	
ORAL SURGERY	6	19		448.00	23.58	9.500	74.67	224.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	1	1		55.00	55.00	.500	55.00	27.50	
ENDODONTICS	1	1		330.00	330.00	.500	330.00	165.00	
RESTORATIVE DENTISTRY	2	2		105.00	52.50	1.000	52.50	52.50	
PROSTHETICS	1	1		30.00	30.00	.500	30.00	15.00	
DENTURES, STAYPLATES	3	11		1,288.80	117.16	5.500	429.60	644.40	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,106
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,107
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,108
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	57	588	\$ 17,626.65	\$ 29.98	294.000	\$ 309.24	\$ 8813.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	11	134	9,323.72	69.58	67.000	847.61	4661.86
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	24	67	7,240.69	108.07	33.500	301.70	3620.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	30	332.30	11.08	15.000	27.69	166.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	57	686.32	12.04	28.500	85.79	343.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3	300		43.62		.15	150.000		14.54		21.81
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,109

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

						----- MONTHLY AVERAGE -----		
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	408	2,690	\$ 131,058.37	\$ 48.72	1345.000	\$ 321.22	\$ 65529.19	
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	
@PHARMACY	87	1,036	\$ 29,769.97	\$ 28.74	518.000	\$ 342.18	\$ 14884.99	
PRESCRIPTION DRUGS	72	98	28,807.83	293.96	49.000	400.11	14403.92	
SNF/ICF	1	1	21.95	21.95	.500	21.95	10.98	
OUTPATIENTS	72	97	28,785.88	296.76	48.500	399.80	14392.94	
MEDICAL SUPPLIES	15	938	962.14	1.03	469.000	64.14	481.07	
@DENTIST	62	304	\$ 12,725.80	\$ 41.86	152.000	\$ 205.25	\$ 6362.90	
VISITS - DIAGNOSTIC	45	198	2,379.00	12.02	99.000	52.87	1189.50	
ORAL SURGERY	14	55	2,405.00	43.73	27.500	171.79	1202.50	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	1	1	100.00	100.00	.500	100.00	50.00	
PERIODONTICS	1	1	55.00	55.00	.500	55.00	27.50	
ENDODONTICS	3	3	590.00	196.67	1.500	196.67	295.00	
RESTORATIVE DENTISTRY	7	18	1,033.00	57.39	9.000	147.57	516.50	
PROSTHETICS	1	1	30.00	30.00	.500	30.00	15.00	

DENTURES, STAYPLATES	13	27	6,133.80	227.18	13.500	471.83	3066.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,110
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,111
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,112
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	270	1,350	\$ 88,562.60	\$ 65.60	675.000	\$ 328.01	\$ 44281.30
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15	198	13,787.28	69.63	99.000	919.15	6893.64
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	226	738	73,310.30	99.34	369.000	324.38	36655.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	25	57	735.08	12.90	28.500	29.40	367.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	57	686.32	12.04	28.500	85.79	343.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	300	43.62	.15	150.000	14.54	21.81
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,113

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,512	28,452	\$ 805,262.24	\$ 28.30	150.540	\$ 229.29	\$ 4260.65
@PHYSICIANS SERVICES	25	80	\$ 825.42	\$ 10.32	.423	\$ 33.02	\$ 4.37
OUTPATIENT VISITS	1	1	.00	.00	.005	.00	.00
OFFICE VISITS	1	1	.00	.00	.005	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	24	79	825.42	10.45	.418	34.39	4.37
@PHARMACY	543	4,545	\$ 94,744.70	\$ 20.85	24.048	\$ 174.48	\$ 501.29
PRESCRIPTION DRUGS	444	762	88,455.99	116.08	4.032	199.23	468.02
SNF/ICF	44	104	10,048.18	96.62	.550	228.37	53.16
OUTPATIENTS	401	658	78,407.81	119.16	3.481	195.53	414.86
MEDICAL SUPPLIES	109	3,783	6,288.71	1.66	20.016	57.69	33.27
@DENTIST	1,192	4,950	\$ 238,126.03	\$ 48.11	26.190	\$ 199.77	\$ 1259.93
VISITS - DIAGNOSTIC	750	3,150	35,070.43	11.13	16.667	46.76	185.56
ORAL SURGERY	184	486	23,155.25	47.64	2.571	125.84	122.51

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	6	6	600.00	100.00	.032	100.00	3.17
PERIODONTICS	43	43	3,760.00	87.44	.228	87.44	19.89
ENDODONTICS	29	39	7,640.00	195.90	.206	263.45	40.42
RESTORATIVE DENTISTRY	188	408	28,129.85	68.95	2.159	149.63	148.84
PROSTHETICS	14	15	513.50	34.23	.079	36.68	2.72
DENTURES, STAYPLATES	334	782	139,257.00	178.08	4.138	416.94	736.81
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	26	21	.00	.00	.111	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,114
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 140.92	\$ 20.13	.037	\$ 70.46	\$.75
DIAGNOSTIC AND ANC. PROCED	1	1	45.00	45.00	.005	45.00	.24
EYE APPLIANCES	2	6	95.92	15.99	.032	47.96	.51
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 12.19	\$ 4.06	.016	\$ 4.06	\$.06
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	12.19	4.06	.016	4.06	.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	9	29	\$ 16,452.56	\$ 567.33	.153	\$ 1828.06	\$ 87.05
HOSP INPATIENT TOTAL	3	11	16,229.16	1475.38	.058	5409.72	85.87
HSC HOSPITALS	1	1	1,352.28	1352.28	.005	1352.28	7.15
NON-HSC HOSPITAL TOTAL	2	10	18,344.88	1834.49	.053	9172.44	97.06
ACCOMMODATIONS	2	10	8,016.73	801.67	.053	4008.37	42.42
ADMINISTRATIVE DAYS	1	6	1,340.48	223.41	.032	1340.48	7.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	6,676.25	1669.06	.021	3338.13	35.32
ANCILLARIES	2	0	10,328.15	.00	.000	5164.08	54.65
INPATIENT CROSSOVERS	0	0	3,468.00CR	.00	.000	.00	18.35CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	18	223.40	12.41	.095	37.23	1.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	18	223.40	12.41	.095	37.23	1.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,115
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	29	\$	16,452.56	\$ 567.33	.153 \$ 1828.06 \$ 87.05
COMM HOSP INPATIENT TOTAL	3	11		16,229.16	1475.38	.058 5409.72 85.87
HSC HOSPITALS	1	1		1,352.28	1352.28	.005 1352.28 7.15
NON-HSC HOSPITALS TOTAL	2	10		18,344.88	1834.49	.053 9172.44 97.06
ACCOMMODATIONS	2	10		8,016.73	801.67	.053 4008.37 42.42
ADMINISTRATIVE DAYS	1	6		1,340.48	223.41	.032 1340.48 7.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00 .00
ALL OTHER ACCOM	2	4		6,676.25	1669.06	.021 3338.13 35.32
ANCILLARIES	2	0		10,328.15	.00	.000 5164.08 54.65
INPATIENT CROSSOVERS	0	0		3,468.00CR	.00	.000 .00 18.35CR
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6	18		223.40		12.41	.095	37.23	1.18
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	18		223.40		12.41	.095	37.23	1.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	10	337	\$	44,513.99	\$	132.09	1.783	4451.40	235.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	10	337		44,513.99		132.09	1.783	4451.40	235.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$	3,165.23	\$	351.69	.048	452.18	16.75
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9		3,165.23		351.69	.048	452.18	16.75
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	233	697	\$	27,593.35	\$	39.59	3.688	118.43	146.00
CLINIC	18	385		7,403.55		19.23	2.037	411.31	39.17
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	215	312		20,189.80		64.71	1.651	93.91	106.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,116
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED								

	189 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,653	17,795	\$	379,687.85	\$ 21.34	94.153	\$ 229.70	\$ 2008.93
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	528		1,046.10	1.98	2.794	523.05	5.53
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	2	528		1,046.10	1.98	2.794	523.05	5.53
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	55	778		54,171.52	69.63	4.116	984.94	286.62
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	913	3,037		303,882.30	100.06	16.069	332.84	1607.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	702	1,491		18,370.57	12.32	7.889	26.17	97.20
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	11,961	2,217.36	.19	63.286	100.79	11.73
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	35	113	2,039.61	18.05	.598	58.27	10.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,117
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	274	8,332	\$ 85,187.68	\$ 10.22	640.923	\$ 310.90	\$ 6552.90
@PHYSICIANS SERVICES	4	7	\$ 985.55	\$ 140.79	.538	\$ 246.39	\$ 75.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	960.69	480.35	.154	960.69	73.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	24.86	4.97	.385	8.29	1.91
@PHARMACY	62	198	\$ 12,113.94	\$ 61.18	15.231	\$ 195.39	\$ 931.84
PRESCRIPTION DRUGS	49	85	10,931.31	128.60	6.538	223.09	840.87

SNF/ICF	1	5	216.30	43.26	.385	216.30	16.64
OUTPATIENTS	48	80	10,715.01	133.94	6.154	223.23	824.23
MEDICAL SUPPLIES	13	113	1,182.63	10.47	8.692	90.97	90.97
@DENTIST	86	395	\$ 15,670.75	\$ 39.67	30.385	\$ 182.22	\$ 1205.44
VISITS - DIAGNOSTIC	59	250	3,137.75	12.55	19.231	53.18	241.37
ORAL SURGERY	8	40	1,410.00	35.25	3.077	176.25	108.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.154	100.00	15.38
PERIODONTICS	3	3	291.00	97.00	.231	97.00	22.38
ENDODONTICS	4	5	1,190.00	238.00	.385	297.50	91.54
RESTORATIVE DENTISTRY	19	59	3,917.00	66.39	4.538	206.16	301.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	32	5,525.00	172.66	2.462	325.00	425.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.308	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,118
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,119
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	61	\$ 7,295.60	\$ 119.60	4.692	\$ 7295.60	\$ 561.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	61	7,295.60	119.60	4.692	7295.60	561.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	47	\$ 3,320.29	\$ 70.64	3.615	\$ 89.74	\$ 255.41
CLINIC	1	1	14.18	14.18	.077	14.18	1.09
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	36	46	3,306.11	71.87	3.538	91.84	254.32

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,120
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	95	7,616	\$ 45,724.79	\$ 6.00	585.846	\$ 481.31	\$ 3517.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	26	121	13,342.86	110.27	9.308	513.19	1026.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	494.86	11.25	3.385	26.05	38.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47	7,258	26,136.06	3.60	558.308	556.09	2010.47
EPSDT SUPPLEMENTAL SERVICE	2	191	5,617.31	29.41	14.692	2808.66	432.10
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	133.70	66.85	.154	133.70	10.28
@CALIF. CHILDREN SERVICES*	1	2	\$ 960.69	\$ 480.35	.154	\$ 960.69	\$ 73.90
@XOVER EXCLUDING STATE HOSP**	4	7	\$ 158.56	\$ 22.65	.538	\$ 39.64	\$ 12.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,121
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,379	157,792	\$ 8,327,392.62	\$ 52.77	144.366 \$ 389.51 \$ 7618.84
@PHYSICIANS SERVICES	235	658	\$ 24,452.25	\$ 37.16	.602 \$ 104.05 \$ 22.37
OUTPATIENT VISITS	94	116	5,609.10	48.35	.106 59.67 5.13
OFFICE VISITS	43	46	1,429.11	31.07	.042 33.24 1.31
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	44	54	3,482.83	64.50	.049 79.16 3.19
PREVENTIVE CARE	1	1	49.90	49.90	.001 49.90 .05
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.004 120.96 .22
OTHER OUTPATIENT	9	11	405.34	36.85	.010 45.04 .37
INPATIENT VISITS	22	69	3,008.55	43.60	.063 136.75 2.75
HOSPITAL VISITS	18	60	2,541.61	42.36	.055 141.20 2.33
CRITICAL CARE	2	3	202.44	67.48	.003 101.22 .19
SNF/ICF/TRANS IP CARE	4	6	264.50	44.08	.005 66.13 .24
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001 57.79 .05
EXAMINATIONS	1	1	57.79	57.79	.001 57.79 .05
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	6	37	2,673.35	72.25	.034 445.56 2.45
PRINCIPAL SURGEON	2	6	1,759.48	293.25	.005 879.74 1.61
ASSISTANT SURGEON	1	1	93.25	93.25	.001 93.25 .09
ANESTHESIOLOGIST	4	30	820.62	27.35	.027 205.16 .75
OUTPATIENT SURGERY	13	28	2,399.68	85.70	.026 184.59 2.20
PRINCIPAL SURGEON	10	13	1,866.26	143.56	.012 186.63 1.71
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	3	15	533.42	35.56	.014 177.81 .49
DIALYSIS	2	14	441.10	31.51	.013 220.55 .40
PATHOLOGY	21	147	751.22	5.11	.134 35.77 .69

RADIOLOGY	49	76		3,598.44		47.35	.070	73.44	3.29
PSYCHIATRY	2	2		60.54		30.27	.002	30.27	.06
IMMUNIZATION AND INJECTION	4	5		1,852.52		370.50	.005	463.13	1.69
OTHER SERVICES/ALL X-OVERS	85	163		3,999.96		24.54	.149	47.06	3.66
@PHARMACY	12,144	40,456	\$	5,800,106.50	\$	143.37	37.014	\$ 477.61	\$ 5306.59
PRESCRIPTION DRUGS	12,014	25,040		5,777,314.19		230.72	22.909	480.88	5285.74
SNF/ICF	509	1,793		284,178.80		158.49	1.640	558.31	260.00
OUTPATIENTS	11,544	23,247		5,493,135.39		236.29	21.269	475.84	5025.74
MEDICAL SUPPLIES	166	15,416		22,792.31		1.48	14.104	137.30	20.85
@DENTIST	5,096	24,903	\$	796,194.06	\$	31.97	22.784	\$ 156.24	\$ 728.45
VISITS - DIAGNOSTIC	3,658	16,767		199,597.21		11.90	15.340	54.56	182.61
ORAL SURGERY	793	2,235		113,170.80		50.64	2.045	142.71	103.54
DRUGS	31	46		670.00		14.57	.042	21.61	.61
ANESTHESIA	33	34		3,000.00		88.24	.031	90.91	2.74
PERIODONTICS	292	303		32,625.70		107.68	.277	111.73	29.85
ENDODONTICS	187	260		57,621.50		221.62	.238	308.14	52.72
RESTORATIVE DENTISTRY	1,229	3,237		178,545.60		55.16	2.962	145.28	163.35
PROSTHETICS	41	42		1,132.50		26.96	.038	27.62	1.04
DENTURES, STAYPLATES	538	1,803		202,488.75		112.31	1.650	376.37	185.26
SPACE MAINTAINERS	3	4		462.00		115.50	.004	154.00	.42
MAXILLOFACIAL SERVICES	5	7		400.00		57.14	.006	80.00	.37
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	66	84		6,255.00		74.46	.077	94.77	5.72
ALL OTHER SERVICES	96	81		225.00		2.78	.074	2.34	.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,122
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

----- MONTHLY AVERAGE -----									
1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	18	60	\$ 1,345.16	\$ 22.42	.055	\$ 74.73	\$ 1.23		
DIAGNOSTIC AND ANC. PROCED	11	12	513.94	42.83	.011	46.72	.47		
EYE APPLIANCES	17	47	762.32	16.22	.043	44.84	.70		
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.001	68.90	.06		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	5	8	\$ 93.55	\$ 11.69	.007	\$ 18.71	\$.09		
MEDICINE/INJECTIONS	2	2	81.20	40.60	.002	40.60	.07		
SURGERY/ANES.	1	1	11.00	11.00	.001	11.00	.01		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	3	5	1.35	.27	.005	.45	.00		
@HOME HEALTH AGENCY	5	39	\$ 2,755.61	\$ 70.66	.036	\$ 551.12	\$ 2.52		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	175	811	\$ 244,451.82	\$ 301.42	.742	\$ 1396.87	\$ 223.65		
HOSP INPATIENT TOTAL	23	130	225,669.05	1735.92	.119	9811.70	206.47		
HSC HOSPITALS	7	36	51,267.00	1424.08	.033	7323.86	46.90		
NON-HSC HOSPITAL TOTAL	15	94	174,330.05	1854.58	.086	11622.00	159.50		
ACCOMMODATIONS	15	94	64,007.70	680.93	.086	4267.18	58.56		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	15	94	64,007.70	680.93	.086	4267.18	58.56		
ANCILLARIES	15	0	110,322.35	.00	.000	7354.82	100.94		

INPATIENT CROSSOVERS	2	0	72.00	.00	.000	36.00	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	153	681	18,782.77	27.58	.623	122.76	17.18
MEDICAL	24	31	1,615.87	52.12	.028	67.33	1.48
SURGERY	15	17	361.40	21.26	.016	24.09	.33
PATHOLOGY	40	224	2,110.25	9.42	.205	52.76	1.93
RADIOLOGY	39	45	5,459.65	121.33	.041	139.99	5.00
ROOM USE	76	103	4,461.67	43.32	.094	58.71	4.08
CROSSOVERS/ALL OTH OUTPTNT	95	261	4,773.93	18.29	.239	50.25	4.37
@COUNTY HOSPITAL TOTAL	8	29	\$ 13,580.97	\$ 468.31	.027	\$ 1697.62	\$ 12.43
CO HOSPITAL INPATIENT TOTAL	1	12	13,200.00	1100.00	.011	13200.00	12.08
HSC HOSPITALS	1	12	13,200.00	1100.00	.011	13200.00	12.08
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	17	380.97	22.41	.016	54.42	.35
MEDICAL	1	1	46.06	46.06	.001	46.06	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	96.86	13.84	.006	32.29	.09
RADIOLOGY	1	2	41.22	20.61	.002	41.22	.04
ROOM USE	4	5	184.94	36.99	.005	46.24	.17
CROSSOVERS/ALL OTH OUTPTNT	2	2	11.89	5.95	.002	5.95	.01

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SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	167	782	\$ 230,870.85	\$ 295.23	.715	\$ 1382.46	\$ 211.23	
COMM HOSP INPATIENT TOTAL	22	118	212,469.05	1800.59	.108	9657.68	194.39	
HSC HOSPITALS	6	24	38,067.00	1586.13	.022	6344.50	34.83	
NON-HSC HOSPITALS TOTAL	15	94	174,330.05	1854.58	.086	11622.00	159.50	
ACCOMMODATIONS	15	94	64,007.70	680.93	.086	4267.18	58.56	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	15	94	64,007.70	680.93	.086	4267.18	58.56	
ANCILLARIES	15	0	110,322.35	.00	.000	7354.82	100.94	
INPATIENT CROSSOVERS	2	0	72.00	.00	.000	36.00	.07	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	146	664	18,401.80	27.71	.608	126.04	16.84	
MEDICAL	23	30	1,569.81	52.33	.027	68.25	1.44	
SURGERY	15	17	361.40	21.26	.016	24.09	.33	
PATHOLOGY	37	217	2,013.39	9.28	.199	54.42	1.84	
RADIOLOGY	38	43	5,418.43	126.01	.039	142.59	4.96	
ROOM USE	72	98	4,276.73	43.64	.090	59.40	3.91	
CROSSOVERS/ALL OTH OUTPTNT	93	259	4,762.04	18.39	.237	51.20	4.36	
@STATE HOSPITAL	13	489	\$ 251,746.22	\$ 514.82	.447	\$ 19365.09	\$ 230.33	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	13	489	251,746.22	514.82	.447	19365.09	230.33	
@NURSING FACILITY	19	730	\$ 100,224.84	\$ 137.29	.668	\$ 5274.99	\$ 91.70	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	19	730	100,224.84	137.29	.668	5274.99	91.70	
@INTERMEDIATE CARE FACIL.-DD	2	153	\$ 12,972.61	\$ 84.79	.140	\$ 6486.31	\$ 11.87	
ICF DDH	2	153	12,972.61	84.79	.140	6486.31	11.87	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	5	45	\$ 5,248.74	\$ 116.64	.041	\$ 1049.75	\$ 4.80	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	5	45	5,248.74	116.64	.041	1049.75	4.80	
@REHABILITATION FACILITY	2	6	\$ 149.59	\$ 24.93	.005	\$ 74.80	\$.14	
HOSPITAL BASED	1	1	52.62	52.62	.001	52.62	.05	
INDEPENDENT FACILITY	1	5	96.97	19.39	.005	96.97	.09	
@LABORATORY FACILITY	63	304	\$ 3,604.48	\$ 11.86	.278	\$ 57.21	\$ 3.30	
PATHOLOGY	62	294	3,502.28	11.91	.269	56.49	3.20	
XO AND OTHERS	1	10	102.20	10.22	.009	102.20	.09	
@ORGANIZED OUTPATIENT CLINIC	1,469	2,215	\$ 159,073.65	\$ 71.82	2.027	\$ 108.29	\$ 145.54	
CLINIC	33	82	2,197.47	26.80	.075	66.59	2.01	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	1	6	91.01	15.17	.005	91.01	.08	
RURAL HEALTH CLINIC	1,437	2,127	156,785.17	73.71	1.946	109.11	143.44	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,124
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SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED							

1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,974	86,915	\$ 924,973.54	\$ 10.64	79.520	\$ 232.76	\$ 846.27
DURABLE MED. EQUIP.	8	19	5,098.76	268.36	.017	637.35	4.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27	358	3,433.31	9.59	.328	127.16	3.14
AMBULANCES/AIR TRANS	22	150	2,639.71	17.60	.137	119.99	2.42
OTHER TRANS	5	208	793.60	3.82	.190	158.72	.73
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	24	254	17,683.76	69.62	.232	736.82	16.18
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.019	105.00	2.02
IHMC,MODEL-NF,NF,AIDS,MSSP	577	16,834	619,526.11	36.80	15.402	1073.70	566.81
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,474	3,160	34,013.38	10.76	2.891	23.08	31.12
PHYSICAL THERAPIST	1	1	1.87	1.87	.001	1.87	.00
PORTABLE X-RAY	2	8	238.61	29.83	.007	119.31	.22
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.002	99.19	.09
HOSPICE SERVICES	1	27	2,680.49	99.28	.025	2680.49	2.45
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,802	19,335	224,184.10	11.59	17.690	124.41	205.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	71	46,896		15,808.96		.34	42.906	222.66	14.46
@CALIF. CHILDREN SERVICES*	37	808	\$	32,026.01	\$	39.64	.739	\$ 865.57	\$ 29.30
@XOVER EXCLUDING STATE HOSP**	79	833	\$	10,506.70	\$	12.61	.762	\$ 133.00	\$ 9.61

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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						----- MONTHLY AVERAGE -----		
1,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,921	63,967	\$ 1,954,686.57	\$ 30.56	42.989	\$ 122.77	\$ 1313.63	
@PHYSICIANS SERVICES	197	337	\$ 14,334.27	\$ 42.53	.226	\$ 72.76	\$ 9.63	
OUTPATIENT VISITS	135	154	6,183.87	40.16	.103	45.81	4.16	
OFFICE VISITS	66	75	2,565.08	34.20	.050	38.86	1.72	
HOME VISITS	4	5	201.17	40.23	.003	50.29	.14	
EMERGENCY ROOM	51	57	2,919.06	51.21	.038	57.24	1.96	
PREVENTIVE CARE	1	1	65.78	65.78	.001	65.78	.04	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	16	16	432.78	27.05	.011	27.05	.29	
INPATIENT VISITS	1	5	261.19	52.24	.003	261.19	.18	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	1	5	261.19	52.24	.003	261.19	.18	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1	18.58	18.58	.001	18.58	.01	
EXAMINATIONS	1	1	18.58	18.58	.001	18.58	.01	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	7	19	2,584.23	136.01	.013	369.18	1.74	
PRINCIPAL SURGEON	5	7	2,267.42	323.92	.005	453.48	1.52	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	12	316.81	26.40	.008	158.41	.21	

OUTPATIENT SURGERY	16	19	1,360.36	71.60	.013	85.02	.91
PRINCIPAL SURGEON	16	18	1,311.91	72.88	.012	81.99	.88
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.001	48.45	.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	30	79.09	2.64	.020	6.59	.05
RADIOLOGY	48	76	2,329.31	30.65	.051	48.53	1.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	7	51.91	7.42	.005	12.98	.03
OTHER SERVICES/ALL X-OVERS	20	26	1,465.73	56.37	.017	73.29	.99
@PHARMACY	925	2,149	\$ 243,561.85	\$ 113.34	1.444	\$ 263.31	\$ 163.68
PRESCRIPTION DRUGS	912	1,681	241,603.95	143.73	1.130	264.92	162.37
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	912	1,681	241,603.95	143.73	1.130	264.92	162.37
MEDICAL SUPPLIES	29	468	1,957.90	4.18	.315	67.51	1.32
@DENTIST	8,068	42,269	\$ 1,053,222.13	\$ 24.92	28.407	\$ 130.54	\$ 707.81
VISITS - DIAGNOSTIC	6,365	31,260	439,793.68	14.07	21.008	69.10	295.56
ORAL SURGERY	980	1,857	104,213.35	56.12	1.248	106.34	70.04
DRUGS	284	323	6,994.18	21.65	.217	24.63	4.70
ANESTHESIA	33	34	3,400.00	100.00	.023	103.03	2.28
PERIODONTICS	116	118	11,173.10	94.69	.079	96.32	7.51
ENDODONTICS	523	790	99,676.22	126.17	.531	190.59	66.99
RESTORATIVE DENTISTRY	2,548	6,959	328,437.35	47.20	4.677	128.90	220.72
PROSTHETICS	8	8	250.00	31.25	.005	31.25	.17
DENTURES, STAYPLATES	69	342	28,797.50	84.20	.230	417.36	19.35
SPACE MAINTAINERS	41	52	5,403.00	103.90	.035	131.78	3.63
MAXILLOFACIAL SERVICES	7	7	350.00	50.00	.005	50.00	.24
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.001	700.00	.47
ORTHODONTIC SERVICES	303	359	23,358.75	65.07	.241	77.09	15.70
ALL OTHER SERVICES	153	159	675.00	4.25	.107	4.41	.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,126
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SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

1,488 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	27	77	\$ 1,795.36	\$ 23.32	.052	\$ 66.49	\$ 1.21	
DIAGNOSTIC AND ANC. PROCED	23	25	1,042.27	41.69	.017	45.32	.70	
EYE APPLIANCES	17	50	717.68	14.35	.034	42.22	.48	
OTHER OPTOMETRIC SERVICES	1	2	35.41	17.71	.001	35.41	.02	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 62.41	\$ 62.41	.001	\$ 62.41	\$.04	
MEDICINE/INJECTIONS	1	1	62.41	62.41	.001	62.41	.04	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	1CR	\$ 30.13CR	\$ 30.13	.001CR	\$.00	\$.02CR	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	308	819	\$ 235,732.71	\$ 287.83	.550	\$ 765.37	\$ 158.42	
HOSP INPATIENT TOTAL	3	111	214,556.82	1932.94	.075	71518.94	144.19	
HSC HOSPITALS	1	1	1,890.00	1890.00	.001	1890.00	1.27	

NON-HSC HOSPITAL TOTAL	2	110	212,666.82	1933.33	.074	106333.41	142.92
ACCOMMODATIONS	2	110	50,859.48	462.36	.074	25429.74	34.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	110	50,859.48	462.36	.074	25429.74	34.18
ANCILLARIES	2	0	161,807.34	.00	.000	80903.67	108.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	305	708	21,175.89	29.91	.476	69.43	14.23
MEDICAL	36	41	1,824.94	44.51	.028	50.69	1.23
SURGERY	11	12	155.16	12.93	.008	14.11	.10
PATHOLOGY	50	213	2,925.86	13.74	.143	58.52	1.97
RADIOLOGY	36	43	2,132.48	49.59	.029	59.24	1.43
ROOM USE	108	123	4,444.68	36.14	.083	41.15	2.99
CROSSOVERS/ALL OTH OUTPTNT	219	276	9,692.77	35.12	.185	44.26	6.51
@COUNTY HOSPITAL TOTAL	9	32	\$ 1,303.54	\$ 40.74	.022	\$ 144.84	\$.88
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	32	1,303.54	40.74	.022	144.84	.88
MEDICAL	6	7	289.61	41.37	.005	48.27	.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	9	96.86	10.76	.006	48.43	.07
RADIOLOGY	3	4	133.13	33.28	.003	44.38	.09
ROOM USE	7	8	288.03	36.00	.005	41.15	.19
CROSSOVERS/ALL OTH OUTPTNT	3	4	495.91	123.98	.003	165.30	.33

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	299	787	\$ 234,429.17	\$ 297.88	.529 \$ 784.04 \$ 157.55
COMM HOSP INPATIENT TOTAL	3	111	214,556.82	1932.94	.075 71518.94 144.19
HSC HOSPITALS	1	1	1,890.00	1890.00	.001 1890.00 1.27
NON-HSC HOSPITALS TOTAL	2	110	212,666.82	1933.33	.074 106333.41 142.92
ACCOMMODATIONS	2	110	50,859.48	462.36	.074 25429.74 34.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	2	110	50,859.48	462.36	.074 25429.74 34.18
ANCILLARIES	2	0	161,807.34	.00	.000 80903.67 108.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	296	676	19,872.35	29.40	.454 67.14 13.36
MEDICAL	30	34	1,535.33	45.16	.023 51.18 1.03
SURGERY	11	12	155.16	12.93	.008 14.11 .10
PATHOLOGY	48	204	2,829.00	13.87	.137 58.94 1.90
RADIOLOGY	33	39	1,999.35	51.27	.026 60.59 1.34
ROOM USE	101	115	4,156.65	36.14	.077 41.15 2.79

CROSSOVERS/ALL OTH OUTPTNT	216	272		9,196.86	33.81	.183	42.58	6.18
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	72	218	\$	2,854.43	13.09	.147	39.64	1.92
PATHOLOGY	72	218		2,854.43	13.09	.147	39.64	1.92
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,553	3,548	\$	224,066.62	63.15	2.384	87.77	150.58
CLINIC	27	252		5,491.58	21.79	.169	203.39	3.69
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,528	3,296		218,575.04	66.32	2.215	86.46	146.89

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
1,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,687	14,550	\$ 179,086.92	\$ 12.31	9.778	\$ 38.21	\$ 120.35	
DURABLE MED. EQUIP.	1	1	123.75	123.75	.001	123.75	.08	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	16	291	4,663.52	16.03	.196	291.47	3.13	
AMBULANCES/AIR TRANS	16	289	2,853.64	9.87	.194	178.35	1.92	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	2	2	1,809.88	904.94	.001	904.94	1.22	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	70	71	7,455.00	105.00	.048	106.50	5.01	
IHMC,MODEL-NF,NF,AIDS,MSSP	12	52	5,713.40	109.87	.035	476.12	3.84	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,135	2,384	20,679.89	8.67	1.602	18.22	13.90	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,474	11,746	139,841.05	11.91	7.894	40.25	93.98
EPSDT SUPPLEMENTAL SERVICE	4	2	472.50	236.25	.001	118.13	.32
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	137.81	45.94	.002	68.91	.09
@CALIF. CHILDREN SERVICES*	27	202	\$ 214,082.46	\$ 1059.81	.136	\$ 7928.98	\$ 143.87
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	2,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41,086	258,543	\$ 11,172,529.11	\$ 43.21	92.901	\$ 271.93	\$ 4014.56	
@PHYSICIANS SERVICES	461	1,082	\$ 40,597.49	\$ 37.52	.389	\$ 88.06	\$ 14.59	
OUTPATIENT VISITS	230	271	11,792.97	43.52	.097	51.27	4.24	
OFFICE VISITS	110	122	3,994.19	32.74	.044	36.31	1.44	
HOME VISITS	4	5	201.17	40.23	.002	50.29	.07	
EMERGENCY ROOM	95	111	6,401.89	57.67	.040	67.39	2.30	
PREVENTIVE CARE	2	2	115.68	57.84	.001	57.84	.04	
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.001	120.96	.09	
OTHER OUTPATIENT	25	27	838.12	31.04	.010	33.52	.30	
INPATIENT VISITS	23	74	3,269.74	44.19	.027	142.16	1.17	
HOSPITAL VISITS	18	60	2,541.61	42.36	.022	141.20	.91	
CRITICAL CARE	3	8	463.63	57.95	.003	154.54	.17	
SNF/ICF/TRANS IP CARE	4	6	264.50	44.08	.002	66.13	.10	
OPHTHALMOLOGICAL SERVICES	2	2	76.37	38.19	.001	38.19	.03	
EXAMINATIONS	2	2	76.37	38.19	.001	38.19	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	13	56	5,257.58	93.89	.020	404.43	1.89	
PRINCIPAL SURGEON	7	13	4,026.90	309.76	.005	575.27	1.45	
ASSISTANT SURGEON	1	1	93.25	93.25	.000	93.25	.03	
ANESTHESIOLOGIST	6	42	1,137.43	27.08	.015	189.57	.41	
OUTPATIENT SURGERY	29	47	3,760.04	80.00	.017	129.66	1.35	
PRINCIPAL SURGEON	26	31	3,178.17	102.52	.011	122.24	1.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	4	16	581.87	36.37	.006	145.47	.21	
DIALYSIS	2	14	441.10	31.51	.005	220.55	.16	
PATHOLOGY	33	177	830.31	4.69	.064	25.16	.30	
RADIOLOGY	98	154	6,888.44	44.73	.055	70.29	2.48	
PSYCHIATRY	2	2	60.54	30.27	.001	30.27	.02	
IMMUNIZATION AND INJECTION	8	12	1,904.43	158.70	.004	238.05	.68	
OTHER SERVICES/ALL X-OVERS	132	273	6,315.97	23.14	.098	47.85	2.27	
@PHARMACY	13,674	47,348	\$ 6,150,526.99	\$ 129.90	17.013	\$ 449.80	\$ 2210.03	
PRESCRIPTION DRUGS	13,419	27,568	6,118,305.44	221.94	9.906	455.94	2198.46	
SNF/ICF	554	1,902	294,443.28	154.81	.683	531.49	105.80	
OUTPATIENTS	12,905	25,666	5,823,862.16	226.91	9.222	451.29	2092.66	
MEDICAL SUPPLIES	317	19,780	32,221.55	1.63	7.107	101.65	11.58	
@DENTIST	14,442	72,517	\$ 2,103,212.97	\$ 29.00	26.057	\$ 145.63	\$ 755.74	
VISITS - DIAGNOSTIC	10,832	51,427	677,599.07	13.18	18.479	62.56	243.48	
ORAL SURGERY	1,965	4,618	241,949.40	52.39	1.659	123.13	86.94	

DRUGS	315	369	7,664.18	20.77	.133	24.33	2.75
ANESTHESIA	74	76	7,200.00	94.74	.027	97.30	2.59
PERIODONTICS	454	467	47,849.80	102.46	.168	105.40	17.19
ENDODONTICS	743	1,094	166,127.72	151.85	.393	223.59	59.69
RESTORATIVE DENTISTRY	3,984	10,663	539,029.80	50.55	3.831	135.30	193.69
PROSTHETICS	63	65	1,896.00	29.17	.023	30.10	.68
DENTURES, STAYPLATES	958	2,959	376,068.25	127.09	1.063	392.56	135.13
SPACE MAINTAINERS	44	56	5,865.00	104.73	.020	133.30	2.11
MAXILLOFACIAL SERVICES	12	14	750.00	53.57	.005	62.50	.27
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.25
ORTHODONTIC SERVICES	369	443	29,613.75	66.85	.159	80.25	10.64
ALL OTHER SERVICES	278	265	900.00	3.40	.095	3.24	.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,130
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

2,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	47	144	\$ 3,281.44	\$ 22.79	.052	\$ 69.82	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	35	38	1,601.21	42.14	.014	45.75	.58
EYE APPLIANCES	36	103	1,575.92	15.30	.037	43.78	.57
OTHER OPTOMETRIC SERVICES	2	3	104.31	34.77	.001	52.16	.04
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	12	\$ 168.15	\$ 14.01	.004	\$ 18.68	\$.06
MEDICINE/INJECTIONS	3	3	143.61	47.87	.001	47.87	.05
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	13.54	1.69	.003	2.26	.00
@HOME HEALTH AGENCY	5	38	\$ 2,725.48	\$ 71.72	.014	\$ 545.10	\$.98
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	494	1,667	\$	496,713.85	\$	297.97	.599	\$	1005.49	\$	178.48
HOSP INPATIENT TOTAL	29	252		456,455.03		1811.33	.091		15739.83		164.02
HSC HOSPITALS	9	38		54,509.28		1434.45	.014		6056.59		19.59
NON-HSC HOSPITAL TOTAL	19	214		405,341.75		1894.12	.077		21333.78		145.65
ACCOMMODATIONS	19	214		122,883.91		574.22	.077		6467.57		44.16
ADMINISTRATIVE DAYS	1	6		1,340.48		223.41	.002		1340.48		.48
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	19	208		121,543.43		584.34	.075		6397.02		43.67
ANCILLARIES	19	0		282,457.84		.00	.000		14866.20		101.49
INPATIENT CROSSOVERS	2	0		3,396.00CR		.00	.000		1698.00CR		1.22CR
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	466	1,415		40,258.82		28.45	.508		86.39		14.47
MEDICAL	60	72		3,440.81		47.79	.026		57.35		1.24
SURGERY	26	29		516.56		17.81	.010		19.87		.19
PATHOLOGY	92	445		5,112.87		11.49	.160		55.57		1.84
RADIOLOGY	75	88		7,592.13		86.27	.032		101.23		2.73
ROOM USE	184	226		8,906.35		39.41	.081		48.40		3.20
CROSSOVERS/ALL OTH OUTPTNT	320	555		14,690.10		26.47	.199		45.91		5.28
@COUNTY HOSPITAL TOTAL	17	61	\$	14,884.51	\$	244.01	.022	\$	875.56	\$	5.35
CO HOSPITAL INPATIENT TOTAL	1	12		13,200.00		1100.00	.004		13200.00		4.74
HSC HOSPITALS	1	12		13,200.00		1100.00	.004		13200.00		4.74
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16	49		1,684.51		34.38	.018		105.28		.61
MEDICAL	7	8		335.67		41.96	.003		47.95		.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	16		193.72		12.11	.006		38.74		.07
RADIOLOGY	4	6		174.35		29.06	.002		43.59		.06
ROOM USE	11	13		472.97		36.38	.005		43.00		.17
CROSSOVERS/ALL OTH OUTPTNT	5	6		507.80		84.63	.002		101.56		.18

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	2,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	477	1,606	\$	481,829.34	\$ 300.02	.577	\$ 1010.12	\$ 173.13
COMM HOSP INPATIENT TOTAL	28	240		443,255.03	1846.90	.086	15830.54	159.27
HSC HOSPITALS	8	26		41,309.28	1588.82	.009	5163.66	14.84
NON-HSC HOSPITALS TOTAL	19	214		405,341.75	1894.12	.077	21333.78	145.65
ACCOMMODATIONS	19	214		122,883.91	574.22	.077	6467.57	44.16
ADMINISTRATIVE DAYS	1	6		1,340.48	223.41	.002	1340.48	.48
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	208		121,543.43	584.34	.075	6397.02	43.67
ANCILLARIES	19	0		282,457.84	.00	.000	14866.20	101.49
INPATIENT CROSSOVERS	2	0		3,396.00CR	.00	.000	1698.00CR	1.22CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	450	1,366		38,574.31	28.24	.491	85.72	13.86
MEDICAL	53	64		3,105.14	48.52	.023	58.59	1.12
SURGERY	26	29		516.56	17.81	.010	19.87	.19
PATHOLOGY	87	429		4,919.15	11.47	.154	56.54	1.77
RADIOLOGY	71	82		7,417.78	90.46	.029	104.48	2.67
ROOM USE	173	213		8,433.38	39.59	.077	48.75	3.03
CROSSOVERS/ALL OTH OUTPTNT	315	549		14,182.30	25.83	.197	45.02	5.10
@STATE HOSPITAL	13	489	\$	251,746.22	\$ 514.82	.176	\$ 19365.09	\$ 90.46
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	13	489		251,746.22	514.82	.176	19365.09	90.46
@NURSING FACILITY	30	1,128	\$	152,034.43	\$ 134.78	.405	\$ 5067.81	\$ 54.63
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	30	1,128		152,034.43	134.78	.405	5067.81	54.63
@INTERMEDIATE CARE FACIL.-DD	2	153	\$	12,972.61	\$ 84.79	.055	\$ 6486.31	\$ 4.66
ICF DDH	2	153		12,972.61	84.79	.055	6486.31	4.66
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	12	54	\$	8,413.97	\$ 155.81	.019	\$ 701.16	\$ 3.02
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	54		8,413.97	155.81	.019	701.16	3.02
@REHABILITATION FACILITY	2	6	\$	149.59	\$ 24.93	.002	\$ 74.80	\$.05
HOSPITAL BASED	1	1		52.62	52.62	.000	52.62	.02
INDEPENDENT FACILITY	1	5		96.97	19.39	.002	96.97	.03
@LABORATORY FACILITY	135	522	\$	6,458.91	\$ 12.37	.188	\$ 47.84	\$ 2.32
PATHOLOGY	134	512		6,356.71	12.42	.184	47.44	2.28
XO AND OTHERS	1	10		102.20	10.22	.004	102.20	.04
@ORGANIZED OUTPATIENT CLINIC	4,292	6,507	\$	414,053.91	\$ 63.63	2.338	\$ 96.47	\$ 148.78
CLINIC	79	720		15,106.78	20.98	.259	191.23	5.43
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	6		91.01	15.17	.002	91.01	.03
RURAL HEALTH CLINIC	4,216	5,781		398,856.12	68.99	2.077	94.61	143.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,132
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL							

----- MONTHLY AVERAGE -----								
2,783 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	10,409	126,876	\$ 1,529,473.10	\$ 12.05	45.590	\$ 146.94	\$ 549.58	
DURABLE MED. EQUIP.	9	20	5,222.51	261.13	.007	580.28	1.88	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	45	1,177	9,142.93	7.77	.423	203.18	3.29	
AMBULANCES/AIR TRANS	38	439	5,493.35	12.51	.158	144.56	1.97	
OTHER TRANS	7	736	1,839.70	2.50	.264	262.81	.66	
OTHER SERVICES	2	2	1,809.88	904.94	.001	904.94	.65	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	79	1,032	71,855.28	69.63	.371	909.56	25.82	
GENETIC DISEASE TESTING	91	92	9,660.00	105.00	.033	106.15	3.47	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,528	20,044	942,464.67	47.02	7.202	616.80	338.65	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,330	7,079	73,558.70	10.39	2.544	22.09	26.43	
PHYSICAL THERAPIST	1	1	1.87	1.87	.000	1.87	.00	

PORTABLE X-RAY	2	8	238.61	29.83	.003	119.31	.09
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.001	99.19	.04
HOSPICE SERVICES	1	27	2,680.49	99.28	.010	2680.49	.96
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,323	38,339	390,161.21	10.18	13.776	73.30	140.19
EPSDT SUPPLEMENTAL SERVICE	6	193	6,089.81	31.55	.069	1014.97	2.19
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	58,862	18,297.83	.31	21.151	190.60	6.57
@CALIF. CHILDREN SERVICES*	65	1,012	\$ 247,069.16	\$ 244.14	.364	\$ 3801.06	\$ 88.78
@XOVER EXCLUDING STATE HOSP**	118	953	\$ 12,704.87	\$ 13.33	.342	\$ 107.67	\$ 4.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,133
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,868	10,534	\$ 359,399.08	\$ 34.12	131.675	\$ 192.40	\$ 4492.49
@PHYSICIANS SERVICES	26	59	\$ 1,449.28	\$ 24.56	.738	\$ 55.74	\$ 18.12
OUTPATIENT VISITS	17	22	769.70	34.99	.275	45.28	9.62
OFFICE VISITS	16	21	725.10	34.53	.263	45.32	9.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.013	44.60	.56
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	13.70	13.70	.013	13.70	.17
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.013	13.70	.17
OPHTHALMOLOGICAL SERVICES	3	3	114.15	38.05	.038	38.05	1.43
EXAMINATIONS	3	3	114.15	38.05	.038	38.05	1.43
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	204.95	102.48	.025	204.95	2.56
PRINCIPAL SURGEON	1	2	204.95	102.48	.025	204.95	2.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	100.79	25.20	.050	33.60	1.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	27	245.99	9.11	.338	24.60	3.07
@PHARMACY	279	3,127	\$ 52,047.13	\$ 16.64	39.088	\$ 186.55	\$ 650.59
PRESCRIPTION DRUGS	241	497	49,574.76	99.75	6.213	205.70	619.68

SNF/ICF	23	107	7,687.02	71.84	1.338	334.22	96.09
OUTPATIENTS	219	390	41,887.74	107.40	4.875	191.27	523.60
MEDICAL SUPPLIES	40	2,630	2,472.37	.94	32.875	61.81	30.90
@DENTIST	793	3,369	\$ 163,183.10	\$ 48.44	42.113	\$ 205.78	\$ 2039.79
VISITS - DIAGNOSTIC	502	2,084	25,373.30	12.18	26.050	50.54	317.17
ORAL SURGERY	146	497	25,170.90	50.65	6.213	172.40	314.64
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	3	3	200.00	66.67	.038	66.67	2.50
PERIODONTICS	43	48	4,022.75	83.81	.600	93.55	50.28
ENDODONTICS	17	24	4,467.00	186.13	.300	262.76	55.84
RESTORATIVE DENTISTRY	122	257	17,000.65	66.15	3.213	139.35	212.51
PROSTHETICS	7	8	338.50	42.31	.100	48.36	4.23
DENTURES, STAYPLATES	182	440	86,610.00	196.84	5.500	475.88	1082.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	8	.00	.00	.100	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,134
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.038	\$ 53.11	\$.66
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.038	53.11	.66
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	16	\$ 1,510.22	\$ 94.39	.200	\$ 215.75	\$ 18.88
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	10.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	10.95
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	16	634.22	39.64	.200	105.70	7.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	3	4	155.55	38.89	.050	51.85	1.94
ROOM USE	3	3	116.75	38.92	.038	38.92	1.46
CROSSOVERS/ALL OTH OUTPTNT	3	9	361.92	40.21	.113	120.64	4.52
@COUNTY HOSPITAL TOTAL	1	1	\$ 214.23	\$ 214.23	.013	\$ 214.23	\$ 2.68
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	214.23	214.23	.013	214.23	2.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	214.23	214.23	.013	214.23	2.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,135
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	15	\$ 1,295.99	\$ 86.40	.188	\$ 216.00	\$ 16.20	
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	10.95	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	10.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	15		419.99	28.00	.188	84.00	5.25
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	4		155.55	38.89	.050	51.85	1.94
ROOM USE	3	3		116.75	38.92	.038	38.92	1.46
CROSSOVERS/ALL OTH OUTPTNT	2	8		147.69	18.46	.100	73.85	1.85
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	134	\$	21,729.72	\$ 162.16	1.675	\$ 3621.62	\$ 271.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	134		21,729.72	162.16	1.675	3621.62	271.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	16	\$	177.55	\$ 11.10	.200	\$ 88.78	\$ 2.22
PATHOLOGY	2	16		177.55	11.10	.200	88.78	2.22
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	269	546	\$	26,891.96	\$ 49.25	6.825	\$ 99.97	\$ 336.15
CLINIC	12	180		3,461.40	19.23	2.250	288.45	43.27
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	257	366		23,430.56	64.02	4.575	91.17	292.88

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,136
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	80 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	597	3,264	\$	92,357.01	\$ 28.30	40.800	\$ 154.70	\$ 1154.46
DURABLE MED. EQUIP.	1	28		125.24	4.47	.350	125.24	1.57
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4		37.90	9.48	.050	37.90	.47
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	4		37.90	9.48	.050	37.90	.47
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	15	185	12,893.18	69.69	2.313	859.55	161.16
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	221	665	69,413.80	104.38	8.313	314.09	867.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	362	783	9,645.93	12.32	9.788	26.65	120.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	7	72.80	10.40	.088	36.40	.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	1,592	168.16	.11	19.900	56.05	2.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	9	25	\$ 4,819.70	\$ 192.79	.313	\$ 535.52	\$ 60.25

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,137
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	14	\$ 776.24	\$ 55.45	.000	\$ 77.62	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	5	\$ 255.00	\$ 51.00	.000	\$ 85.00	\$.00
VISITS - DIAGNOSTIC	2	2	.00	.00	.000	.00	.00
ORAL SURGERY	1	3	255.00	85.00	.000	255.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
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PAGE 15,138
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,139
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	521.24	\$	57.92	.000	\$ 74.46	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9		521.24		57.92	.000	74.46	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,140
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,141

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		2,093	16,309	\$ 1,253,243.14	\$ 76.84	129.437	\$ 598.78	\$ 9946.37
@PHYSICIANS SERVICES		55	209	\$ 8,847.89	\$ 42.33	1.659	\$ 160.87	\$ 70.22
OUTPATIENT VISITS		9	10	536.57	53.66	.079	59.62	4.26
OFFICE VISITS		5	6	171.00	28.50	.048	34.20	1.36
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		5	4	365.57	91.39	.032	73.11	2.90
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		7	37	1,246.55	33.69	.294	178.08	9.89
HOSPITAL VISITS		7	36	1,124.95	31.25	.286	160.71	8.93
CRITICAL CARE		1	1	121.60	121.60	.008	121.60	.97
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		4	16	1,468.66	91.79	.127	367.17	11.66
PRINCIPAL SURGEON		1	4	1,170.37	292.59	.032	1170.37	9.29
ASSISTANT SURGEON		1	1	15.00	15.00	.008	15.00	.12
ANESTHESIOLOGIST		2	11	283.29	25.75	.087	141.65	2.25

OUTPATIENT SURGERY	3	4	368.95	92.24	.032	122.98	2.93
PRINCIPAL SURGEON	3	4	368.95	92.24	.032	122.98	2.93
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	31	782.61	25.25	.246	71.15	6.21
RADIOLOGY	9	45	2,551.23	56.69	.357	283.47	20.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.008	5.45	.04
OTHER SERVICES/ALL X-OVERS	37	65	1,887.87	29.04	.516	51.02	14.98
@PHARMACY	1,090	3,840	\$ 702,800.38	\$ 183.02	30.476	\$ 644.77	\$ 5577.78
PRESCRIPTION DRUGS	1,060	2,509	700,503.78	279.20	19.913	660.85	5559.55
SNF/ICF	53	238	27,089.05	113.82	1.889	511.11	214.99
OUTPATIENTS	1,012	2,271	673,414.73	296.53	18.024	665.43	5344.56
MEDICAL SUPPLIES	34	1,331	2,296.60	1.73	10.563	67.55	18.23
@DENTIST	573	2,786	\$ 101,899.75	\$ 36.58	22.111	\$ 177.84	\$ 808.73
VISITS - DIAGNOSTIC	401	1,749	20,448.70	11.69	13.881	50.99	162.29
ORAL SURGERY	99	373	16,706.25	44.79	2.960	168.75	132.59
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	6	6	500.00	83.33	.048	83.33	3.97
PERIODONTICS	37	39	3,829.00	98.18	.310	103.49	30.39
ENDODONTICS	21	33	7,661.00	232.15	.262	364.81	60.80
RESTORATIVE DENTISTRY	136	333	19,653.80	59.02	2.643	144.51	155.98
PROSTHETICS	10	11	270.00	24.55	.087	27.00	2.14
DENTURES, STAYPLATES	79	235	32,831.00	139.71	1.865	415.58	260.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	7	7	.00	.00	.056	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,142
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

		----- MONTHLY AVERAGE -----						
126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	15	\$ 317.94	\$ 21.20	.119	\$ 63.59	\$ 2.52	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.024	47.45	1.13	
EYE APPLIANCES	5	12	175.59	14.63	.095	35.12	1.39	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	21	\$ 94.61	\$ 4.51	.167	\$ 31.54	\$.75	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	3	21	94.61	4.51	.167	31.54	.75	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	25	192	\$ 315,797.46	\$ 1644.78	1.524	\$ 12631.90	\$ 2506.33	
HOSP INPATIENT TOTAL	10	91	313,867.60	3449.09	.722	31386.76	2491.01	
HSC HOSPITALS	1	3	3,225.00	1075.00	.024	3225.00	25.60	

NON-HSC HOSPITAL TOTAL	8	88	308,926.60	3510.53	.698	38615.83	2451.80
ACCOMMODATIONS	8	88	58,753.51	667.65	.698	7344.19	466.30
ADMINISTRATIVE DAYS	1	11	2,544.30	231.30	.087	2544.30	20.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	77	56,209.21	729.99	.611	8029.89	446.10
ANCILLARIES	8	0	250,173.09	.00	.000	31271.64	1985.50
INPATIENT CROSSOVERS	1	0	1,716.00	.00	.000	1716.00	13.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	101	1,929.86	19.11	.802	128.66	15.32
MEDICAL	1	1	25.31	25.31	.008	25.31	.20
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	25	266.14	10.65	.198	53.23	2.11
RADIOLOGY	2	4	475.31	118.83	.032	237.66	3.77
ROOM USE	3	3	121.65	40.55	.024	40.55	.97
CROSSOVERS/ALL OTH OUTPTNT	9	68	1,041.45	15.32	.540	115.72	8.27
@COUNTY HOSPITAL TOTAL	2	11	\$ 3,318.80	\$ 301.71	.087	\$ 1659.40	\$ 26.34
CO HOSPITAL INPATIENT TOTAL	1	3	3,225.00	1075.00	.024	3225.00	25.60
HSC HOSPITALS	1	3	3,225.00	1075.00	.024	3225.00	25.60
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	8	93.80	11.73	.063	93.80	.74
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	8	93.80	11.73	.063	93.80	.74
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,143
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	181	\$ 312,478.66	\$ 1726.40	1.437	\$ 13586.03	\$ 2479.99
COMM HOSP INPATIENT TOTAL	9	88	310,642.60	3530.03	.698	34515.84	2465.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	8	88	308,926.60	3510.53	.698	38615.83	2451.80
ACCOMMODATIONS	8	88	58,753.51	667.65	.698	7344.19	466.30
ADMINISTRATIVE DAYS	1	11	2,544.30	231.30	.087	2544.30	20.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	77	56,209.21	729.99	.611	8029.89	446.10
ANCILLARIES	8	0	250,173.09	.00	.000	31271.64	1985.50
INPATIENT CROSSOVERS	1	0	1,716.00	.00	.000	1716.00	13.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	93	1,836.06	19.74	.738	131.15	14.57
MEDICAL	1	1	25.31	25.31	.008	25.31	.20
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	17	172.34	10.14	.135	43.09	1.37
RADIOLOGY	2	4	475.31	118.83	.032	237.66	3.77
ROOM USE	3	3	121.65	40.55	.024	40.55	.97

CROSSOVERS/ALL OTH OUTPTNT	9	68		1,041.45	15.32	.540	115.72	8.27
@STATE HOSPITAL	0	0	\$	456.61	.00	.000	.00	3.62
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		456.61	.00	.000	.00	3.62
@NURSING FACILITY	3	60	\$	7,527.00	125.45	.476	2509.00	59.74
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	60		7,527.00	125.45	.476	2509.00	59.74
@INTERMEDIATE CARE FACIL.-DD	2	30	\$	5,623.62	187.45	.238	2811.81	44.63
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	30		5,623.62	187.45	.238	2811.81	44.63
@HEMODIALYSIS TOTAL	12	29	\$	6,627.35	228.53	.230	552.28	52.60
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	29		6,627.35	228.53	.230	552.28	52.60
@REHABILITATION FACILITY	1	7	\$	163.18	23.31	.056	163.18	1.30
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	7		163.18	23.31	.056	163.18	1.30
@LABORATORY FACILITY	2	9	\$	201.00	22.33	.071	100.50	1.60
PATHOLOGY	2	9		201.00	22.33	.071	100.50	1.60
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	100	149	\$	12,518.13	84.01	1.183	125.18	99.35
CLINIC	1	1		40.12	40.12	.008	40.12	.32
SURGICENTER	1	4		410.12	102.53	.032	410.12	3.25
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	98	144		12,067.89	83.80	1.143	123.14	95.78

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,144
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	420	8,962	\$ 90,368.22	\$ 10.08	71.127	\$ 215.16	\$ 717.21	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	14	437.68	31.26	.111	145.89	3.47	
AMBULANCES/AIR TRANS	3	14	437.68	31.26	.111	145.89	3.47	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	2	2	210.00	105.00	.016	105.00	1.67	
IHMC,MODEL-NF,NF,AIDS,MSSP	46	205	16,000.75	78.05	1.627	347.84	126.99	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	169	363	4,004.28	11.03	2.881	23.69	31.78	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	187	6,429	67,973.34	10.57	51.024	363.49	539.47
EPSDT SUPPLEMENTAL SERVICE	3	47	1,257.27	26.75	.373	419.09	9.98
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	1,902	484.90	.25	15.095	48.49	3.85
@CALIF. CHILDREN SERVICES*	5	30	\$ 371.39	\$ 12.38	.238	\$ 74.28	\$ 2.95
@XOVER EXCLUDING STATE HOSP**	42	206	\$ 11,888.88	\$ 57.71	1.635	\$ 283.07	\$ 94.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,145
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

43,791 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28,277	121,544	\$ 6,229,737.11	\$ 51.25	2.776	\$ 220.31	\$ 142.26
@PHYSICIANS SERVICES	2,619	8,306	\$ 427,166.36	\$ 51.43	.190	\$ 163.10	\$ 9.75
OUTPATIENT VISITS	1,232	2,041	117,966.56	57.80	.047	95.75	2.69
OFFICE VISITS	122	140	10,077.34	71.98	.003	82.60	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	546	597	37,619.09	63.01	.014	68.90	.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	587	1,299	70,143.32	54.00	.030	119.49	1.60
OTHER OUTPATIENT	5	5	126.81	25.36	.000	25.36	.00
INPATIENT VISITS	329	789	44,208.13	56.03	.018	134.37	1.01
HOSPITAL VISITS	317	666	29,693.55	44.58	.015	93.67	.68
CRITICAL CARE	15	123	14,514.58	118.00	.003	967.64	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.00

EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	405	1,653	186,057.60	112.56	.038	459.40	4.25
PRINCIPAL SURGEON	246	246	147,494.88	599.57	.006	599.57	3.37
ASSISTANT SURGEON	40	39	6,811.54	174.65	.001	170.29	.16
ANESTHESIOLOGIST	149	1,368	31,751.18	23.21	.031	213.10	.73
OUTPATIENT SURGERY	162	333	19,839.20	59.58	.008	122.46	.45
PRINCIPAL SURGEON	150	192	17,289.13	90.05	.004	115.26	.39
ASSISTANT SURGEON	2	2	130.70	65.35	.000	65.35	.00
ANESTHESIOLOGIST	16	139	2,419.37	17.41	.003	151.21	.06
DIALYSIS	3	3	506.68	168.89	.000	168.89	.01
PATHOLOGY	364	2,129	6,672.89	3.13	.049	18.33	.15
RADIOLOGY	740	1,120	43,106.66	38.49	.026	58.25	.98
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	12	23	618.86	26.91	.001	51.57	.01
OTHER SERVICES/ALL X-OVERS	191	213	8,120.12	38.12	.005	42.51	.19
@PHARMACY	2,548	5,020	\$ 338,022.98	\$ 67.34	.115	\$ 132.66	\$ 7.72
PRESCRIPTION DRUGS	2,464	4,255	318,356.04	74.82	.097	129.20	7.27
SNF/ICF	2	2	130.28	65.14	.000	65.14	.00
OUTPATIENTS	2,462	4,253	318,225.76	74.82	.097	129.25	7.27
MEDICAL SUPPLIES	175	765	19,666.94	25.71	.017	112.38	.45
@DENTIST	11,879	60,736	\$ 1,595,585.34	\$ 26.27	1.387	\$ 134.32	\$ 36.44
VISITS - DIAGNOSTIC	9,121	43,283	595,502.85	13.76	.988	65.29	13.60
ORAL SURGERY	1,542	3,172	167,903.44	52.93	.072	108.89	3.83
DRUGS	352	403	9,008.75	22.35	.009	25.59	.21
ANESTHESIA	43	43	4,100.00	95.35	.001	95.35	.09
PERIODONTICS	320	328	31,942.10	97.38	.007	99.82	.73
ENDODONTICS	760	1,162	168,556.85	145.06	.027	221.79	3.85
RESTORATIVE DENTISTRY	3,925	10,694	505,543.75	47.27	.244	128.80	11.54
PROSTHETICS	48	51	1,469.50	28.81	.001	30.61	.03
DENTURES, STAYPLATES	182	721	71,814.85	99.60	.016	394.59	1.64
SPACE MAINTAINERS	75	102	10,265.00	100.64	.002	136.87	.23
MAXILLOFACIAL SERVICES	12	12	460.00	38.33	.000	38.33	.01
FRACTURES, DISLOCATIONS	1	2	1,800.00	900.00	.000	1800.00	.04
ORTHODONTIC SERVICES	332	437	26,543.25	60.74	.010	79.95	.61
ALL OTHER SERVICES	204	326	675.00	2.07	.007	3.31	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,146
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

NURSE MIDWIFE	5	50	\$	1,372.93	\$	27.46	.001	\$	274.59	\$	.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,960	15,532	\$	3,044,263.34	\$	196.00	.355	\$	1028.47	\$	69.52
HOSP INPATIENT TOTAL	398	1,497		2,670,815.62		1784.11	.034		6710.59		60.99
HSC HOSPITALS	20	58		83,827.13		1445.30	.001		4191.36		1.91
NON-HSC HOSPITAL TOTAL	379	1,439		2,586,988.49		1797.77	.033		6825.83		59.08
ACCOMMODATIONS	377	1,439		961,193.95		667.96	.033		2549.59		21.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	377	1,439		961,193.95		667.96	.033		2549.59		21.95
ANCILLARIES	379	0		1,625,794.54		.00	.000		4289.70		37.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,783	14,035		373,447.72		26.61	.320		134.19		8.53
MEDICAL	212	274		8,392.64		30.63	.006		39.59		.19
SURGERY	118	149		4,547.42		30.52	.003		38.54		.10
PATHOLOGY	816	2,951		29,199.74		9.89	.067		35.78		.67
RADIOLOGY	642	836		54,487.28		65.18	.019		84.87		1.24
ROOM USE	1,619	2,391		86,148.80		36.03	.055		53.21		1.97
CROSSOVERS/ALL OTH OUTPTNT	1,986	7,434		190,671.84		25.65	.170		96.01		4.35
@COUNTY HOSPITAL TOTAL	18	93	\$	5,280.94	\$	56.78	.002	\$	293.39	\$	.12
CO HOSPITAL INPATIENT TOTAL	1	2		2,700.01		1350.01	.000		2700.01		.06
HSC HOSPITALS	1	2		2,700.01		1350.01	.000		2700.01		.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	17	91		2,580.93		28.36	.002		151.82		.06
MEDICAL	2	2		47.40		23.70	.000		23.70		.00
SURGERY	3	5		275.01		55.00	.000		91.67		.01
PATHOLOGY	9	48		679.75		14.16	.001		75.53		.02
RADIOLOGY	3	5		249.92		49.98	.000		83.31		.01
ROOM USE	9	14		671.57		47.97	.000		74.62		.02
CROSSOVERS/ALL OTH OUTPTNT	8	17		657.28		38.66	.000		82.16		.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,147
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	43,791 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	2,945	15,439	\$	3,038,982.40	\$	196.84	.353	\$	1031.91	\$	69.40
COMM HOSP INPATIENT TOTAL	397	1,495		2,668,115.61		1784.69	.034		6720.69		60.93
HSC HOSPITALS	19	56		81,127.12		1448.70	.001		4269.85		1.85
NON-HSC HOSPITALS TOTAL	379	1,439		2,586,988.49		1797.77	.033		6825.83		59.08
ACCOMMODATIONS	377	1,439		961,193.95		667.96	.033		2549.59		21.95
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	377	1,439		961,193.95		667.96	.033		2549.59		21.95
ANCILLARIES	379	0		1,625,794.54		.00	.000		4289.70		37.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	2,768	13,944		370,866.79	26.60	.318	133.98	8.47
MEDICAL	210	272		8,345.24	30.68	.006	39.74	.19
SURGERY	115	144		4,272.41	29.67	.003	37.15	.10
PATHOLOGY	808	2,903		28,519.99	9.82	.066	35.30	.65
RADIOLOGY	639	831		54,237.36	65.27	.019	84.88	1.24
ROOM USE	1,611	2,377		85,477.23	35.96	.054	53.06	1.95
CROSSOVERS/ALL OTH OUTPTNT	1,980	7,417		190,014.56	25.62	.169	95.97	4.34
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	171	\$	5,522.61	\$ 32.30	.004	\$ 1380.65	\$.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	171		5,522.61	32.30	.004	1380.65	.13
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,442	3,696	\$	57,470.04	\$ 15.55	.084	\$ 39.85	\$ 1.31
PATHOLOGY	1,442	3,696		57,470.04	15.55	.084	39.85	1.31
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,375	11,689	\$	523,557.04	\$ 44.79	.267	\$ 97.41	\$ 11.96
CLINIC	821	5,448		125,708.93	23.07	.124	153.12	2.87
SURGICENTER	1	1		21.66	21.66	.000	21.66	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,555	6,240		397,826.45	63.75	.142	87.34	9.08

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	43,791 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,675	15,958	\$	228,262.91	\$ 14.30	.364	\$ 40.22	\$ 5.21
DURABLE MED. EQUIP.	1	1		99.99	99.99	.000	99.99	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	94	739		14,268.51	19.31	.017	151.79	.33
AMBULANCES/AIR TRANS	93	738		12,468.51	16.90	.017	134.07	.28
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.04
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	163		11,341.54	69.58	.004	1260.17	.26
GENETIC DISEASE TESTING	365	367		38,487.00	104.87	.008	105.44	.88
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,730	3,659		32,653.10	8.92	.084	18.87	.75
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	11	1,222.30	111.12	.000	135.81	.03
PROSTHETICS	9	11	1,222.30	111.12	.000	135.81	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.95	47.32	.000	141.95	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,494	11,015	130,048.52	11.81	.252	37.22	2.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	37	181	\$ 30,342.51	\$ 167.64	.004	\$ 820.07	\$.69
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,149
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

43,997 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	32,248	148,401	\$ 7,843,155.57	\$ 52.85	3.373	\$ 243.21	\$ 178.27	
@PHYSICIANS SERVICES	2,700	8,574	\$ 437,463.53	\$ 51.02	.195	\$ 162.02	\$ 9.94	
OUTPATIENT VISITS	1,258	2,073	119,272.83	57.54	.047	94.81	2.71	
OFFICE VISITS	143	167	10,973.44	65.71	.004	76.74	.25	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	552	602	38,029.26	63.17	.014	68.89	.86	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	587	1,299	70,143.32	54.00	.030	119.49	1.59	
OTHER OUTPATIENT	5	5	126.81	25.36	.000	25.36	.00	
INPATIENT VISITS	337	827	45,468.38	54.98	.019	134.92	1.03	
HOSPITAL VISITS	324	702	30,818.50	43.90	.016	95.12	.70	
CRITICAL CARE	16	124	14,636.18	118.03	.003	914.76	.33	
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.000	13.70	.00	
OPHTHALMOLOGICAL SERVICES	4	4	160.59	40.15	.000	40.15	.00	
EXAMINATIONS	4	4	160.59	40.15	.000	40.15	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	409	1,669	187,526.26	112.36	.038	458.50	4.26	
PRINCIPAL SURGEON	247	250	148,665.25	594.66	.006	601.88	3.38	
ASSISTANT SURGEON	41	40	6,826.54	170.66	.001	166.50	.16	
ANESTHESIOLOGIST	151	1,379	32,034.47	23.23	.031	212.15	.73	
OUTPATIENT SURGERY	166	339	20,413.10	60.22	.008	122.97	.46	
PRINCIPAL SURGEON	154	198	17,863.03	90.22	.005	115.99	.41	
ASSISTANT SURGEON	2	2	130.70	65.35	.000	65.35	.00	
ANESTHESIOLOGIST	16	139	2,419.37	17.41	.003	151.21	.05	
DIALYSIS	3	3	506.68	168.89	.000	168.89	.01	
PATHOLOGY	375	2,160	7,455.50	3.45	.049	19.88	.17	
RADIOLOGY	752	1,169	45,758.68	39.14	.027	60.85	1.04	
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00	
IMMUNIZATION AND INJECTION	13	24	624.31	26.01	.001	48.02	.01	
OTHER SERVICES/ALL X-OVERS	238	305	10,253.98	33.62	.007	43.08	.23	
@PHARMACY	3,917	11,987	\$ 1,092,870.49	\$ 91.17	.272	\$ 279.01	\$ 24.84	
PRESCRIPTION DRUGS	3,765	7,261	1,068,434.58	147.15	.165	283.78	24.28	

SNF/ICF	78	347	34,906.35	100.59	.008	447.52	.79
OUTPATIENTS	3,693	6,914	1,033,528.23	149.48	.157	279.86	23.49
MEDICAL SUPPLIES	249	4,726	24,435.91	5.17	.107	98.14	.56
@DENTIST	13,248	66,896	\$ 1,860,923.19	\$ 27.82	1.520	\$ 140.47	\$ 42.30
VISITS - DIAGNOSTIC	10,026	47,118	641,324.85	13.61	1.071	63.97	14.58
ORAL SURGERY	1,788	4,045	210,035.59	51.92	.092	117.47	4.77
DRUGS	352	403	9,008.75	22.35	.009	25.59	.20
ANESTHESIA	52	52	4,800.00	92.31	.001	92.31	.11
PERIODONTICS	400	415	39,793.85	95.89	.009	99.48	.90
ENDODONTICS	798	1,219	180,684.85	148.22	.028	226.42	4.11
RESTORATIVE DENTISTRY	4,183	11,284	542,198.20	48.05	.256	129.62	12.32
PROSTHETICS	65	70	2,078.00	29.69	.002	31.97	.05
DENTURES, STAYPLATES	443	1,396	191,255.85	137.00	.032	431.73	4.35
SPACE MAINTAINERS	75	102	10,265.00	100.64	.002	136.87	.23
MAXILLOFACIAL SERVICES	12	12	460.00	38.33	.000	38.33	.01
FRACTURES, DISLOCATIONS	1	2	1,800.00	900.00	.000	1800.00	.04
ORTHODONTIC SERVICES	332	437	26,543.25	60.74	.010	79.95	.60
ALL OTHER SERVICES	225	341	675.00	1.98	.008	3.00	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,150
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

43,997 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	31	\$ 689.40	\$ 22.24	.001	\$ 68.94	\$.02
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.000	47.45	.01
EYE APPLIANCES	8	24	357.25	14.89	.001	44.66	.01
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.000	\$ 27.87	\$.00
VISITS	3	5	83.60	16.72	.000	27.87	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	21	\$ 94.61	\$ 4.51	.000	\$ 31.54	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	21		94.61	4.51	.000	31.54	.00
@HOME HEALTH AGENCY	3	6	\$	314.97	\$ 52.50	.000	\$ 104.99	\$.01
NURSE ANESTHESIST	35	362	\$	7,796.64	\$ 21.54	.008	\$ 222.76	\$.18
NURSE MIDWIFE	5	50	\$	1,372.93	\$ 27.46	.001	\$ 274.59	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,992	15,740	\$	3,361,571.02	\$ 213.57	.358	\$ 1123.52	\$ 76.40
HOSP INPATIENT TOTAL	409	1,588		2,985,559.22	1880.08	.036	7299.66	67.86
HSC HOSPITALS	21	61		87,052.13	1427.08	.001	4145.34	1.98
NON-HSC HOSPITAL TOTAL	387	1,527		2,895,915.09	1896.47	.035	7482.98	65.82
ACCOMMODATIONS	385	1,527		1,019,947.46	667.94	.035	2649.21	23.18
ADMINISTRATIVE DAYS	1	11		2,544.30	231.30	.000	2544.30	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	384	1,516		1,017,403.16	671.11	.034	2649.49	23.12
ANCILLARIES	387	0		1,875,967.63	.00	.000	4847.46	42.64
INPATIENT CROSSOVERS	2	0		2,592.00	.00	.000	1296.00	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,804	14,152		376,011.80	26.57	.322	134.10	8.55
MEDICAL	213	275		8,417.95	30.61	.006	39.52	.19
SURGERY	118	149		4,547.42	30.52	.003	38.54	.10
PATHOLOGY	821	2,976		29,465.88	9.90	.068	35.89	.67
RADIOLOGY	647	844		55,118.14	65.31	.019	85.19	1.25
ROOM USE	1,625	2,397		86,387.20	36.04	.054	53.16	1.96
CROSSOVERS/ALL OTH OUTPTNT	1,998	7,511		192,075.21	25.57	.171	96.13	4.37
@COUNTY HOSPITAL TOTAL	21	105	\$	8,813.97	\$ 83.94	.002	\$ 419.71	\$.20
CO HOSPITAL INPATIENT TOTAL	2	5		5,925.01	1185.00	.000	2962.51	.13
HSC HOSPITALS	2	5		5,925.01	1185.00	.000	2962.51	.13
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	100		2,888.96	28.89	.002	152.05	.07
MEDICAL	2	2		47.40	23.70	.000	23.70	.00
SURGERY	3	5		275.01	55.00	.000	91.67	.01
PATHOLOGY	10	56		773.55	13.81	.001	77.36	.02
RADIOLOGY	3	5		249.92	49.98	.000	83.31	.01
ROOM USE	9	14		671.57	47.97	.000	74.62	.02
CROSSOVERS/ALL OTH OUTPTNT	9	18		871.51	48.42	.000	96.83	.02

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	43,997 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,974	15,635	\$	3,352,757.05	\$ 214.44	.355	\$ 1127.36	\$ 76.20
COMM HOSP INPATIENT TOTAL	407	1,583		2,979,634.21	1882.27	.036	7320.97	67.72
HSC HOSPITALS	19	56		81,127.12	1448.70	.001	4269.85	1.84
NON-HSC HOSPITALS TOTAL	387	1,527		2,895,915.09	1896.47	.035	7482.98	65.82
ACCOMMODATIONS	385	1,527		1,019,947.46	667.94	.035	2649.21	23.18

ADMINISTRATIVE DAYS	1	11		2,544.30	231.30	.000	2544.30	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	384	1,516		1,017,403.16	671.11	.034	2649.49	23.12
ANCILLARIES	387	0		1,875,967.63	.00	.000	4847.46	42.64
INPATIENT CROSSOVERS	2	0		2,592.00	.00	.000	1296.00	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,787	14,052		373,122.84	26.55	.319	133.88	8.48
MEDICAL	211	273		8,370.55	30.66	.006	39.67	.19
SURGERY	115	144		4,272.41	29.67	.003	37.15	.10
PATHOLOGY	812	2,920		28,692.33	9.83	.066	35.34	.65
RADIOLOGY	644	839		54,868.22	65.40	.019	85.20	1.25
ROOM USE	1,617	2,383		85,715.63	35.97	.054	53.01	1.95
CROSSOVERS/ALL OTH OUTPTNT	1,991	7,493		191,203.70	25.52	.170	96.03	4.35
@STATE HOSPITAL	0	0	\$	456.61	.00	.000	.00	.01
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		456.61	.00	.000	.00	.01
@NURSING FACILITY	9	194	\$	29,256.72	150.81	.004	3250.75	.66
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	194		29,256.72	150.81	.004	3250.75	.66
@INTERMEDIATE CARE FACIL.-DD	2	30	\$	5,623.62	187.45	.001	2811.81	.13
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	30		5,623.62	187.45	.001	2811.81	.13
@HEMODIALYSIS TOTAL	16	200	\$	12,149.96	60.75	.005	759.37	.28
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	200		12,149.96	60.75	.005	759.37	.28
@REHABILITATION FACILITY	1	7	\$	163.18	23.31	.000	163.18	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	7		163.18	23.31	.000	163.18	.00
@LABORATORY FACILITY	1,446	3,721	\$	57,848.59	15.55	.085	40.01	1.31
PATHOLOGY	1,446	3,721		57,848.59	15.55	.085	40.01	1.31
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,751	12,393	\$	563,488.37	45.47	.282	97.98	12.81
CLINIC	834	5,629		129,210.45	22.95	.128	154.93	2.94
SURGICENTER	2	5		431.78	86.36	.000	215.89	.01
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,917	6,759		433,846.14	64.19	.154	88.23	9.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,152
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
43,997 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6,692	28,184	\$ 410,988.14	\$ 14.58	.641	\$ 61.41	\$ 9.34	
DURABLE MED. EQUIP.	2	29	225.23	7.77	.001	112.62	.01	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	98	757	14,744.09	19.48	.017	150.45	.34	
AMBULANCES/AIR TRANS	96	752	12,906.19	17.16	.017	134.44	.29	
OTHER TRANS	1	4	37.90	9.48	.000	37.90	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.04	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	24	348	24,234.72	69.64	.008	1009.78	.55
GENETIC DISEASE TESTING	367	369	38,697.00	104.87	.008	105.44	.88
IHMC,MODEL-NF,NF,AIDS,MSSP	267	870	85,414.55	98.18	.020	319.90	1.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,261	4,805	46,303.31	9.64	.109	20.48	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	11	1,222.30	111.12	.000	135.81	.03
PROSTHETICS	9	11	1,222.30	111.12	.000	135.81	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.95	47.32	.000	141.95	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,683	17,451	198,094.66	11.35	.397	53.79	4.50
EPSDT SUPPLEMENTAL SERVICE	3	47	1,257.27	26.75	.001	419.09	.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	3,494	653.06	.19	.079	50.24	.01
@CALIF. CHILDREN SERVICES*	42	211	\$ 30,713.90	\$ 145.56	.005	\$ 731.28	\$.70
@XOVER EXCLUDING STATE HOSP**	51	231	\$ 16,708.58	\$ 72.33	.005	\$ 327.62	\$.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,153
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	58	197	\$ 8,689.95	\$ 44.11	.000	\$ 149.83	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	12	24	\$ 2,477.87	\$ 103.24	.000	\$ 206.49	\$.00
PRESCRIPTION DRUGS	12	24	2,477.87	103.24	.000	206.49	.00
SNF/ICF	8	16	1,474.98	92.19	.000	184.37	.00
OUTPATIENTS	5	8	1,002.89	125.36	.000	200.58	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	46	171	\$ 6,186.00	\$ 36.18	.000	\$ 134.48	\$.00
VISITS - DIAGNOSTIC	36	108	567.00	5.25	.000	15.75	.00
ORAL SURGERY	8	44	1,341.00	30.48	.000	167.63	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	200.00	50.00	.000	50.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	12	4,078.00	339.83	.000	582.57	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - AGED

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03/14/05

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1		2 \$	26.08	\$ 13.04	.000	\$ 26.08	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	12	31	\$ 12,324.05	\$ 397.55	.000	\$ 1027.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	12	31	\$	12,324.05	\$ 397.55	.000	\$ 1027.00	\$.00
PRESCRIPTION DRUGS	12	31		12,324.05	397.55	.000	1027.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	31		12,324.05	397.55	.000	1027.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
FEE-FOR-SERVICE/DENTAL								
SOLANO COUNTY								
SUMMARY OF SERVICES FOR MN - SOC - BLIND								
AID CODE 27								
----- MONTHLY AVERAGE -----								
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,159
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,160
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 15,161
03/14/05

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	250	1,401	\$ 239,372.92	\$ 170.86	155.667	\$ 957.49	\$ 26596.99
@PHYSICIANS SERVICES	11	99	\$ 533.24	\$ 5.39	11.000	\$ 48.48	\$ 59.25
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	37.80	37.80	.111	37.80	4.20
HOSPITAL VISITS	1	1	37.80	37.80	.111	37.80	4.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		43.56	43.56	.111	43.56	4.84
PRINCIPAL SURGEON	1	1		43.56	43.56	.111	43.56	4.84
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	87		121.70	1.40	9.667	24.34	13.52
RADIOLOGY	3	6		186.68	31.11	.667	62.23	20.74
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		143.50	35.88	.444	35.88	15.94
@PHARMACY	191	541	\$	182,620.62	\$ 337.56	60.111	\$ 956.13	\$ 20291.18
PRESCRIPTION DRUGS	191	541		182,620.62	337.56	60.111	956.13	20291.18
SNF/ICF	1	6		157.77	26.30	.667	157.77	17.53
OUTPATIENTS	190	535		182,462.85	341.05	59.444	960.33	20273.65
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	45	198	\$	4,597.00	\$ 23.22	22.000	\$ 102.16	\$ 510.78
VISITS - DIAGNOSTIC	31	117		682.00	5.83	13.000	22.00	75.78
ORAL SURGERY	7	41		1,514.00	36.93	4.556	216.29	168.22
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		100.00	.00	.000	.00	11.11
PERIODONTICS	4	4		110.00	27.50	.444	27.50	12.22
ENDODONTICS	1	1		260.00	260.00	.111	260.00	28.89
RESTORATIVE DENTISTRY	3	9		261.00	29.00	1.000	87.00	29.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	23		1,670.00	72.61	2.556	238.57	185.56
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3		.00	.00	.333	.00	.00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
FEE-FOR-SERVICE/DENTAL								
SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y								
----- MONTHLY AVERAGE -----								
09 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	7	\$	524.02	\$ 74.86	.778	\$ 262.01	\$ 58.22
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15	249	\$	42,305.81	\$	169.90	27.667	\$	2820.39	\$	4700.65
HOSP INPATIENT TOTAL	5	16		33,505.83		2094.11	1.778		6701.17		3722.87
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	16		33,505.83		2094.11	1.778		6701.17		3722.87
ACCOMMODATIONS	5	16		11,302.35		706.40	1.778		2260.47		1255.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	16		11,302.35		706.40	1.778		2260.47		1255.82
ANCILLARIES	5	0		22,203.48		.00	.000		4440.70		2467.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	233		8,799.98		37.77	25.889		733.33		977.78
MEDICAL	6	19		720.72		37.93	2.111		120.12		80.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		144.08		11.08	1.444		48.03		16.01
RADIOLOGY	3	3		281.54		93.85	.333		93.85		31.28
ROOM USE	7	12		480.34		40.03	1.333		68.62		53.37
CROSSOVERS/ALL OTH OUTPTNT	8	186		7,173.30		38.57	20.667		896.66		797.03
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	249	\$ 42,305.81	\$ 169.90	27.667	\$ 2820.39	\$ 4700.65
COMM HOSP INPATIENT TOTAL	5	16	33,505.83	2094.11	1.778	6701.17	3722.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	16	33,505.83	2094.11	1.778	6701.17	3722.87
ACCOMMODATIONS	5	16	11,302.35	706.40	1.778	2260.47	1255.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16	11,302.35	706.40	1.778	2260.47	1255.82
ANCILLARIES	5	0	22,203.48	.00	.000	4440.70	2467.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	12	233		8,799.98		37.77	25.889	733.33	977.78
MEDICAL	6	19		720.72		37.93	2.111	120.12	80.08
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	3	13		144.08		11.08	1.444	48.03	16.01
RADIOLOGY	3	3		281.54		93.85	.333	93.85	31.28
ROOM USE	7	12		480.34		40.03	1.333	68.62	53.37
CROSSOVERS/ALL OTH OUTPTNT	8	186		7,173.30		38.57	20.667	896.66	797.03
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	17	\$	1,129.93	\$	66.47	1.889	376.64	125.55
PATHOLOGY	3	17		1,129.93		66.47	1.889	376.64	125.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	602.88	\$	602.88	.111	602.88	66.99
CLINIC	1	1		602.88		602.88	.111	602.88	66.99
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV									
MOP024									
SOLANO COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

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						----- MONTHLY AVERAGE -----		
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14	289	\$ 7,059.42	\$ 24.43	32.111	\$ 504.24	\$ 784.38	
DURABLE MED. EQUIP.	1	2	54.94	27.47	.222	54.94	6.10	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	2	60	613.50	10.23	6.667	306.75	68.17	
AMBULANCES/AIR TRANS	2	60	613.50	10.23	6.667	306.75	68.17	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	3	210	6,202.20	29.53	23.333	2067.40	689.13	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	8	17	188.78	11.10	1.889	23.60	20.98	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,165
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	97	351	\$ 18,710.94	\$ 53.31	15.261	\$ 192.90	\$ 813.52
@PHYSICIANS SERVICES	3	6	\$ 393.39	\$ 65.57	.261	\$ 131.13	\$ 17.10
OUTPATIENT VISITS	1	1	108.08	108.08	.043	108.08	4.70
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.043	108.08	4.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	3		163.02	54.34	.130	163.02	7.09
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		122.29	61.15	.087	122.29	5.32
@PHARMACY	18	33	\$	13,799.24	\$ 418.16	1.435	\$ 766.62	\$ 599.97
PRESCRIPTION DRUGS	18	33		13,799.24	418.16	1.435	766.62	599.97
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	18	33		13,799.24	418.16	1.435	766.62	599.97
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	55	266	\$	3,272.00	\$ 12.30	11.565	\$ 59.49	\$ 142.26
VISITS - DIAGNOSTIC	38	201		735.00	3.66	8.739	19.34	31.96
ORAL SURGERY	9	15		218.00	14.53	.652	24.22	9.48
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		.00	.00	.043	.00	.00
ENDODONTICS	3	3		660.00	220.00	.130	220.00	28.70
RESTORATIVE DENTISTRY	18	42		618.00	14.71	1.826	34.33	26.87
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5		1,006.00	201.20	.217	335.33	43.74
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		35.00	17.50	.087	17.50	1.52
ALL OTHER SERVICES	1	3CR		.00	.00	.130CR	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	10	\$ 532.17	\$ 53.22	.435	\$ 532.17	\$ 23.14
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	10	532.17	53.22	.435	532.17	23.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	45.30	9.06	.217	45.30	1.97
RADIOLOGY	1	3	438.04	146.01	.130	438.04	19.05
ROOM USE	1	1	31.57	31.57	.043	31.57	1.37
CROSSOVERS/ALL OTH OUTPTNT	1	1	17.26	17.26	.043	17.26	.75
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		10	\$ 532.17	\$ 53.22	.435	\$ 532.17	\$ 23.14
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	10		532.17	53.22	.435	532.17	23.14
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	5		45.30	9.06	.217	45.30	1.97
RADIOLOGY	1	3		438.04	146.01	.130	438.04	19.05
ROOM USE	1	1		31.57	31.57	.043	31.57	1.37
CROSSOVERS/ALL OTH OUTPTNT	1	1		17.26	17.26	.043	17.26	.75
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	383.81	54.83	.304	76.76	16.69
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		383.81	54.83	.304	76.76	16.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,168
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	29	\$ 330.33	\$ 11.39	1.261	\$ 20.65	\$ 14.36
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	83.20	8.32	.435	16.64	3.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	19	247.13	13.01	.826	22.47	10.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 122.29	\$ 61.15	.087	\$ 122.29	\$ 5.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,169
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	417	1,980	\$ 279,097.86	\$ 140.96	61.875	\$ 669.30	\$ 8721.81
@PHYSICIANS SERVICES	14	105	\$ 926.63	\$ 8.83	3.281	\$ 66.19	\$ 28.96
OUTPATIENT VISITS	1	1	108.08	108.08	.031	108.08	3.38
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.031	108.08	3.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	37.80	37.80	.031	37.80	1.18
HOSPITAL VISITS	1	1	37.80	37.80	.031	37.80	1.18
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	43.56	43.56	.031	43.56	1.36
PRINCIPAL SURGEON	1	1	43.56	43.56	.031	43.56	1.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	87	121.70	1.40	2.719	24.34	3.80

RADIOLOGY	4	9		349.70	38.86	.281	87.43	10.93	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	5	6		265.79	44.30	.188	53.16	8.31	
@PHARMACY	233	629	\$	211,221.78	\$ 335.81	19.656	\$ 906.53	\$ 6600.68	
PRESCRIPTION DRUGS	233	629		211,221.78	335.81	19.656	906.53	6600.68	
SNF/ICF	9	22		1,632.75	74.22	.688	181.42	51.02	
OUTPATIENTS	225	607		209,589.03	345.29	18.969	931.51	6549.66	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	146	635	\$	14,055.00	\$ 22.13	19.844	\$ 96.27	\$ 439.22	
VISITS - DIAGNOSTIC	105	426		1,984.00	4.66	13.313	18.90	62.00	
ORAL SURGERY	24	100		3,073.00	30.73	3.125	128.04	96.03	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		100.00	.00	.000	.00	3.13	
PERIODONTICS	9	9		310.00	34.44	.281	34.44	9.69	
ENDODONTICS	4	4		920.00	230.00	.125	230.00	28.75	
RESTORATIVE DENTISTRY	23	54		879.00	16.28	1.688	38.22	27.47	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	17	40		6,754.00	168.85	1.250	397.29	211.06	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	2	2		35.00	17.50	.063	17.50	1.09	
ALL OTHER SERVICES	2	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,170
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	7	\$	524.02	\$ 74.86	.219	\$ 262.01	\$ 16.38
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	259	\$	42,837.98	\$ 165.40	8.094	\$ 2677.37	\$ 1338.69
HOSP INPATIENT TOTAL	5	16		33,505.83	2094.11	.500	6701.17	1047.06
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	16		33,505.83	2094.11	.500	6701.17	1047.06
ACCOMMODATIONS	5	16		11,302.35	706.40	.500	2260.47	353.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16		11,302.35	706.40	.500	2260.47	353.20
ANCILLARIES	5	0		22,203.48	.00	.000	4440.70	693.86
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	243		9,332.15	38.40	7.594	717.86	291.63
MEDICAL	6	19		720.72	37.93	.594	120.12	22.52
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	18		189.38	10.52	.563	47.35	5.92
RADIOLOGY	4	6		719.58	119.93	.188	179.90	22.49
ROOM USE	8	13		511.91	39.38	.406	63.99	16.00
CROSSOVERS/ALL OTH OUTPTNT	9	187		7,190.56	38.45	5.844	798.95	224.71
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,171
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

32 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	259	\$	42,837.98	\$ 165.40	8.094	\$ 2677.37	\$ 1338.69
COMM HOSP INPATIENT TOTAL	5	16		33,505.83	2094.11	.500	6701.17	1047.06
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	16		33,505.83	2094.11	.500	6701.17	1047.06
ACCOMMODATIONS	5	16		11,302.35	706.40	.500	2260.47	353.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16		11,302.35	706.40	.500	2260.47	353.20
ANCILLARIES	5	0		22,203.48	.00	.000	4440.70	693.86
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	243		9,332.15	38.40	7.594	717.86	291.63
MEDICAL	6	19		720.72	37.93	.594	120.12	22.52
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	18		189.38	10.52	.563	47.35	5.92
RADIOLOGY	4	6		719.58	119.93	.188	179.90	22.49
ROOM USE	8	13		511.91	39.38	.406	63.99	16.00
CROSSOVERS/ALL OTH OUTPTNT	9	187		7,190.56	38.45	5.844	798.95	224.71
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	17	\$	1,129.93	\$ 66.47	.531	\$ 376.64	\$ 35.31
PATHOLOGY	3	17		1,129.93	66.47	.531	376.64	35.31
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	986.69	\$ 123.34	.250	\$ 164.45	\$ 30.83
CLINIC	1	1		602.88	602.88	.031	602.88	18.84
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	7		383.81	54.83	.219	76.76	11.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

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	32 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	320	\$	7,415.83	\$ 23.17	10.000	\$ 239.22	\$ 231.74
DURABLE MED. EQUIP.	1	2		54.94	27.47	.063	54.94	1.72
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	60	613.50	10.23	1.875	306.75	19.17
AMBULANCES/AIR TRANS	2	60	613.50	10.23	1.875	306.75	19.17
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	210	6,202.20	29.53	6.563	2067.40	193.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	29	298.06	10.28	.906	21.29	9.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	19	247.13	13.01	.594	22.47	7.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 122.29	\$ 61.15	.063	\$ 122.29	\$ 3.82
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

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53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	978	9,524	\$ 533,902.10	\$ 56.06	179.698	\$ 545.91	\$ 10073.62
@PHYSICIANS SERVICES	2	4	\$ 61.28	\$ 15.32	.075	\$ 30.64	\$ 1.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	61.28	15.32	.075	30.64	1.16
@PHARMACY	625	1,352	\$ 173,414.15	\$ 128.26	25.509	\$ 277.46	\$ 3271.97
PRESCRIPTION DRUGS	623	1,348	173,249.83	128.52	25.434	278.09	3268.86
SNF/ICF	490	1,112	136,436.59	122.69	20.981	278.44	2574.28
OUTPATIENTS	139	236	36,813.24	155.99	4.453	264.84	694.59
MEDICAL SUPPLIES	2	4	164.32	41.08	.075	82.16	3.10
@DENTIST	293	791	\$ 32,325.00	\$ 40.87	14.925	\$ 110.32	\$ 609.91
VISITS - DIAGNOSTIC	253	644	9,739.00	15.12	12.151	38.49	183.75
ORAL SURGERY	7	38	1,493.00	39.29	.717	213.29	28.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	18	18	918.00	51.00	.340	51.00	17.32
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	1	1	30.00	30.00	.019	30.00	.57
DENTURES, STAYPLATES	62	90	20,145.00	223.83	1.698	324.92	380.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6	\$ 106.22	\$ 17.70	.113	\$ 53.11	\$ 2.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.113	53.11	2.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	21	\$ 11.83	\$.56	.396	\$.99	\$.22
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	21	11.83	.56	.396	.99	.22
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	0	\$ 876.00	\$.00	.000	\$ 876.00	\$ 16.53
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	16.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	16.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 876.00	\$.00	.000	\$ 876.00	\$ 16.53
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	16.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	16.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	8	229	\$ 137,085.12	\$ 598.62	4.321	\$ 17135.64	\$ 2586.51
MENTALLY ILL	8	229	137,085.12	598.62	4.321	17135.64	2586.51
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	53	1,804	\$ 178,023.39	\$ 98.68	34.038	\$ 3358.93	\$ 3358.93
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	53	1,804	178,023.39	98.68	34.038	3358.93	3358.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	112	5,317	\$ 11,999.11	\$ 2.26	100.321	\$ 107.13	\$ 226.40
DURABLE MED. EQUIP.	7	131	3,252.88	24.83	2.472	464.70	61.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	54.79	27.40	.038	54.79	1.03
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	135	1,707.01	12.64	2.547	28.45	32.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	289.18	48.20	.113	144.59	5.46
HOSPICE SERVICES	2	43	3,715.49	86.41	.811	1857.75	70.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	5,000	2,979.76	.60	94.340	69.30	56.22
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	19	25	\$ 6,398.01	\$ 255.92	.472	\$ 336.74	\$ 120.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 15,177
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	14	\$ 2,973.89	\$ 212.42	.000	\$ 270.35	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	10	10	\$	2,926.40	\$ 292.64	.000	\$ 292.64	\$.00
PRESCRIPTION DRUGS	10	10		2,926.40	292.64	.000	292.64	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	10	10		2,926.40	292.64	.000	292.64	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	3	\$	40.00	\$ 13.33	.000	\$ 20.00	\$.00
VISITS - DIAGNOSTIC	2	3		40.00	13.33	.000	20.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,178
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,179
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,180
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 7.49	\$ 7.49	.000	\$ 7.49	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	7.49	7.49	.000	7.49	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,181
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	571	23,097	\$ 903,481.64	\$ 39.12	699.909	\$ 1582.28	\$ 27378.23
@PHYSICIANS SERVICES	9	23	\$ 1,159.47	\$ 50.41	.697	\$ 128.83	\$ 35.14
OUTPATIENT VISITS	4	4	181.93	45.48	.121	45.48	5.51
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	181.93	45.48	.121	45.48	5.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	11		250.60	22.78	.333	35.80	7.59
HOSPITAL VISITS	1	3		113.40	37.80	.091	113.40	3.44
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	6	8		137.20	17.15	.242	22.87	4.16
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		345.12	172.56	.061	345.12	10.46
PRINCIPAL SURGEON	1	2		345.12	172.56	.061	345.12	10.46
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2		207.59	103.80	.061	103.80	6.29
PRINCIPAL SURGEON	2	2		207.59	103.80	.061	103.80	6.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	3		136.63	45.54	.091	136.63	4.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		37.60	37.60	.030	37.60	1.14
@PHARMACY	443	1,288	\$	206,817.02	\$ 160.57	39.030	\$ 466.86	\$ 6267.18
PRESCRIPTION DRUGS	441	1,216		206,357.77	169.70	36.848	467.93	6253.27
SNF/ICF	267	930		127,400.43	136.99	28.182	477.16	3860.62
OUTPATIENTS	176	286		78,957.34	276.07	8.667	448.62	2392.65
MEDICAL SUPPLIES	6	72		459.25	6.38	2.182	76.54	13.92
@DENTIST	95	425	\$	8,795.50	\$ 20.70	12.879	\$ 92.58	\$ 266.53
VISITS - DIAGNOSTIC	90	365		4,633.00	12.69	11.061	51.48	140.39
ORAL SURGERY	5	13		609.00	46.85	.394	121.80	18.45
DRUGS	1	3		.00	.00	.091	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	13	17		1,970.00	115.88	.515	151.54	59.70
ENDODONTICS	2	2		528.50	264.25	.061	264.25	16.02
RESTORATIVE DENTISTRY	10	22		1,030.00	46.82	.667	103.00	31.21
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		25.00	8.33	.091	12.50	.76
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,182
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 82.29	\$ 20.57	.121	\$ 82.29	\$ 2.49
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.030	39.44	1.20
EYE APPLIANCES	1	3	42.85	14.28	.091	42.85	1.30
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 10.66	\$ 2.67	.121	\$ 5.33	\$.32

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	4		10.66	2.67	.121	5.33	.32
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	23	\$	3,995.80	\$ 173.73	.697	\$ 665.97	\$ 121.08
HOSP INPATIENT TOTAL	1	3		3,480.00	1160.00	.091	3480.00	105.45
HSC HOSPITALS	1	3		3,480.00	1160.00	.091	3480.00	105.45
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	20		515.80	25.79	.606	103.16	15.63
MEDICAL	2	3		94.35	31.45	.091	47.18	2.86
SURGERY	1	1		41.64	41.64	.030	41.64	1.26
PATHOLOGY	4	7		69.05	9.86	.212	17.26	2.09
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	6		273.45	45.58	.182	91.15	8.29
CROSSOVERS/ALL OTH OUTPTNT	2	3		37.31	12.44	.091	18.66	1.13
@COUNTY HOSPITAL TOTAL	1	3	\$	3,480.00	\$ 1160.00	.091	\$ 3480.00	\$ 105.45
CO HOSPITAL INPATIENT TOTAL	1	3		3,480.00	1160.00	.091	3480.00	105.45
HSC HOSPITALS	1	3		3,480.00	1160.00	.091	3480.00	105.45
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,183
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20	\$ 515.80	\$ 25.79	.606	\$ 103.16	\$ 15.63
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	20		515.80	25.79	.606	103.16	15.63
MEDICAL	2	3		94.35	31.45	.091	47.18	2.86
SURGERY	1	1		41.64	41.64	.030	41.64	1.26
PATHOLOGY	4	7		69.05	9.86	.212	17.26	2.09
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	6		273.45	45.58	.182	91.15	8.29
CROSSOVERS/ALL OTH OUTPTNT	2	3		37.31	12.44	.091	18.66	1.13
@STATE HOSPITAL	28	853	\$	431,898.01	\$ 506.33	25.848	\$ 15424.93	\$ 13087.82
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	28	853		431,898.01	506.33	25.848	15424.93	13087.82
@NURSING FACILITY	29	1,080	\$	241,093.00	\$ 223.23	32.727	\$ 8313.55	\$ 7305.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	241		131,116.87	544.05	7.303	21852.81	3973.24
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	839		109,976.13	131.08	25.424	4781.57	3332.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,174.74	\$ 195.79	.182	\$ 234.95	\$ 35.60
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		1,174.74	195.79	.182	234.95	35.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	59	19,391	\$ 8,455.15	\$.44	587.606	\$ 143.31	\$ 256.22
DURABLE MED. EQUIP.	3	15	2,251.47	150.10	.455	750.49	68.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	88	999.65	11.36	2.667	111.07	30.29
AMBULANCES/AIR TRANS	7	27	793.04	29.37	.818	113.29	24.03
OTHER TRANS	4	61	206.61	3.39	1.848	51.65	6.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	40	503.45	12.59	1.212	25.17	15.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	5	51.36	10.27	.152	25.68	1.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	30	19,243	4,649.22	.24	583.121	154.97	140.89
@CALIF. CHILDREN SERVICES*	1	66	\$ 39.41	\$.60	2.000	\$ 39.41	\$ 1.19
@XOVER EXCLUDING STATE HOSP**	6	6	\$ 7,130.93	\$ 1188.49	.182	\$ 1188.49	\$ 216.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,185
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,186
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,187
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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----- MONTHLY AVERAGE -----

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	0	0		.00	.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00 .00
#CALIF DEPT OF HEALTH SERV							
MOP024							
SOLANO COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
 OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@ALL OTHER PROVIDERS	0	0	\$	.00	\$.00	.000 \$	.00 \$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00 .00
BLOOD BANK	0	0		.00	.00	.000	.00 .00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 15,189
03/14/05

	86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		1,560	32,635	\$ 1,440,357.63	\$ 44.14	379.477	\$ 923.31	\$ 16748.34
@PHYSICIANS SERVICES		11	27	\$ 1,220.75	\$ 45.21	.314	\$ 110.98	\$ 14.19
OUTPATIENT VISITS		4	4	181.93	45.48	.047	45.48	2.12
OFFICE VISITS		0	0	.00	.00	.000	.00	.00
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		4	4	181.93	45.48	.047	45.48	2.12
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		7	11	250.60	22.78	.128	35.80	2.91
HOSPITAL VISITS		1	3	113.40	37.80	.035	113.40	1.32
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		6	8	137.20	17.15	.093	22.87	1.60
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		1	2	345.12	172.56	.023	345.12	4.01
PRINCIPAL SURGEON		1	2	345.12	172.56	.023	345.12	4.01
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	2	2	207.59	103.80	.023	103.80	2.41
PRINCIPAL SURGEON	2	2	207.59	103.80	.023	103.80	2.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	3	136.63	45.54	.035	136.63	1.59
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	98.88	19.78	.058	32.96	1.15
@PHARMACY	1,078	2,650	\$ 383,157.57	\$ 144.59	30.814	\$ 355.43	\$ 4455.32
PRESCRIPTION DRUGS	1,074	2,574	382,534.00	148.61	29.930	356.18	4448.07
SNF/ICF	757	2,042	263,837.02	129.21	23.744	348.53	3067.87
OUTPATIENTS	325	532	118,696.98	223.11	6.186	365.22	1380.20
MEDICAL SUPPLIES	8	76	623.57	8.20	.884	77.95	7.25
@DENTIST	390	1,219	\$ 41,160.50	\$ 33.77	14.174	\$ 105.54	\$ 478.61
VISITS - DIAGNOSTIC	345	1,012	14,412.00	14.24	11.767	41.77	167.58
ORAL SURGERY	12	51	2,102.00	41.22	.593	175.17	24.44
DRUGS	1	3	.00	.00	.035	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	31	35	2,888.00	82.51	.407	93.16	33.58
ENDODONTICS	2	2	528.50	264.25	.023	264.25	6.15
RESTORATIVE DENTISTRY	10	22	1,030.00	46.82	.256	103.00	11.98
PROSTHETICS	1	1	30.00	30.00	.012	30.00	.35
DENTURES, STAYPLATES	64	93	20,170.00	216.88	1.081	315.16	234.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,190
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SOLANO COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	3	10	\$ 188.51	\$ 18.85	.116	\$ 62.84	\$ 2.19
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.012	39.44	.46
EYE APPLIANCES	3	9	149.07	16.56	.105	49.69	1.73
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	25	\$ 22.49	\$.90	.291	\$ 1.61	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	25	22.49	.90	.291	1.61	.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	23	\$ 4,871.80	\$ 211.82	.267	\$ 695.97	\$ 56.65
HOSP INPATIENT TOTAL	2	3	4,356.00	1452.00	.035	2178.00	50.65
HSC HOSPITALS	1	3	3,480.00	1160.00	.035	3480.00	40.47
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	10.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	20	515.80	25.79	.233	103.16	6.00
MEDICAL	2	3	94.35	31.45	.035	47.18	1.10
SURGERY	1	1	41.64	41.64	.012	41.64	.48
PATHOLOGY	4	7	69.05	9.86	.081	17.26	.80
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	6	273.45	45.58	.070	91.15	3.18
CROSSOVERS/ALL OTH OUTPTNT	2	3	37.31	12.44	.035	18.66	.43
@COUNTY HOSPITAL TOTAL	1	3	\$ 3,480.00	\$ 1160.00	.035	\$ 3480.00	\$ 40.47
CO HOSPITAL INPATIENT TOTAL	1	3	3,480.00	1160.00	.035	3480.00	40.47
HSC HOSPITALS	1	3	3,480.00	1160.00	.035	3480.00	40.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
86 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	6	20	\$ 1,391.80	\$ 69.59	.233	\$ 231.97	\$ 16.18
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	10.19
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	10.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	20	515.80	25.79	.233	103.16	6.00
MEDICAL	2	3	94.35	31.45	.035	47.18	1.10
SURGERY	1	1	41.64	41.64	.012	41.64	.48
PATHOLOGY	4	7	69.05	9.86	.081	17.26	.80
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	6	273.45	45.58	.070	91.15	3.18
CROSSOVERS/ALL OTH OUTPTNT	2	3	37.31	12.44	.035	18.66	.43
@STATE HOSPITAL	36	1,082	\$ 568,983.13	\$ 525.86	12.581	\$ 15805.09	\$ 6616.08
MENTALLY ILL	8	229	137,085.12	598.62	2.663	17135.64	1594.01
DEVELOP. DISABLED	28	853	431,898.01	506.33	9.919	15424.93	5022.07
@NURSING FACILITY	82	2,884	\$ 419,116.39	\$ 145.32	33.535	\$ 5111.18	\$ 4873.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	241	131,116.87	544.05	2.802	21852.81	1524.61
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	76	2,643	287,999.52	108.97	30.733	3789.47	3348.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 1,174.74	\$ 195.79	.070	\$ 234.95	\$ 13.66
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	1,174.74	195.79	.070	234.95	13.66

86 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	172	24,709	\$ 20,461.75	\$.83	287.314	\$ 118.96	\$ 237.93
DURABLE MED. EQUIP.	10	146	5,504.35	37.70	1.698	550.44	64.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	54.79	27.40	.023	54.79	.64
MEDICAL TRANSPORTATION	9	88	999.65	11.36	1.023	111.07	11.62
AMBULANCES/AIR TRANS	7	27	793.04	29.37	.314	113.29	9.22
OTHER TRANS	4	61	206.61	3.39	.709	51.65	2.40
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	175	2,210.46	12.63	2.035	27.63	25.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	289.18	48.20	.070	144.59	3.36
HOSPICE SERVICES	2	43	3,715.49	86.41	.500	1857.75	43.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	5	51.36	10.27	.058	25.68	.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	74	24,244	7,636.47	.31	281.907	103.20	88.80
@CALIF. CHILDREN SERVICES*	1	66	\$ 39.41	\$.60	.767	\$ 39.41	\$.46
@XOVER EXCLUDING STATE HOSP**	25	31	\$ 13,528.94	\$ 436.42	.360	\$ 541.16	\$ 157.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,904	20,255	\$ 901,991.13	\$ 44.53	152.293	\$ 310.60	\$ 6781.89
@PHYSICIANS SERVICES	28	63	\$ 1,510.56	\$ 23.98	.474	\$ 53.95	\$ 11.36
OUTPATIENT VISITS	17	22	769.70	34.99	.165	45.28	5.79
OFFICE VISITS	16	21	725.10	34.53	.158	45.32	5.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.008	44.60	.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	13.70	13.70	.008	13.70	.10
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.008	13.70	.10
OPHTHALMOLOGICAL SERVICES	3	3	114.15	38.05	.023	38.05	.86

EXAMINATIONS	3	3		114.15		38.05	.023	38.05	.86	
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00	
OUTPATIENT SURGERY	1	2		204.95		102.48	.015	204.95	1.54	
PRINCIPAL SURGEON	1	2		204.95		102.48	.015	204.95	1.54	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00	
DIALYSIS	0	0		.00		.00	.000	.00	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
RADIOLOGY	3	4		100.79		25.20	.030	33.60	.76	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	12	31		307.27		9.91	.233	25.61	2.31	
@PHARMACY	916	4,503	\$	227,939.15	\$	50.62	33.857	\$ 248.84	\$ 1713.83	
PRESCRIPTION DRUGS	876	1,869		225,302.46		120.55	14.053	257.19	1694.00	
SNF/ICF	521	1,235		145,598.59		117.89	9.286	279.46	1094.73	
OUTPATIENTS	363	634		79,703.87		125.72	4.767	219.57	599.28	
MEDICAL SUPPLIES	42	2,634		2,636.69		1.00	19.805	62.78	19.82	
@DENTIST	1,132	4,331	\$	201,694.10	\$	46.57	32.564	\$ 178.18	\$ 1516.50	
VISITS - DIAGNOSTIC	791	2,836		35,679.30		12.58	21.323	45.11	268.27	
ORAL SURGERY	161	579		28,004.90		48.37	4.353	173.94	210.56	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	3	3		200.00		66.67	.023	66.67	1.50	
PERIODONTICS	65	70		5,140.75		73.44	.526	79.09	38.65	
ENDODONTICS	17	24		4,467.00		186.13	.180	262.76	33.59	
RESTORATIVE DENTISTRY	124	260		17,000.65		65.39	1.955	137.10	127.82	
PROSTHETICS	8	9		368.50		40.94	.068	46.06	2.77	
DENTURES, STAYPLATES	251	542		110,833.00		204.49	4.075	441.57	833.33	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	16	8		.00		.00	.060	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 15,194
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED									

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 159.33	\$ 17.70	.068	\$ 53.11	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	9	159.33	17.70	.068	53.11	1.20
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	12	21	\$ 11.83	\$.56	.158	\$.99	\$.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	12	21	11.83	.56	.158	.99	.09
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	16	\$	2,386.22	\$	149.14	.120	\$	298.28	\$	17.94
HOSP INPATIENT TOTAL	2	0		1,752.00		.00	.000		876.00		13.17
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	0		1,752.00		.00	.000		876.00		13.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	16		634.22		39.64	.120		105.70		4.77
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	4		155.55		38.89	.030		51.85		1.17
ROOM USE	3	3		116.75		38.92	.023		38.92		.88
CROSSOVERS/ALL OTH OUTPTNT	3	9		361.92		40.21	.068		120.64		2.72
@COUNTY HOSPITAL TOTAL	1	1	\$	214.23	\$	214.23	.008	\$	214.23	\$	1.61
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	1	1	214.23	214.23	.008	214.23	1.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	214.23	214.23	.008	214.23	1.61

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,195
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	15	\$ 2,171.99	\$ 144.80	.113	\$ 310.28	\$ 16.33
COMM HOSP INPATIENT TOTAL	2	0	1,752.00	.00	.000	876.00	13.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	1,752.00	.00	.000	876.00	13.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	15	419.99	28.00	.113	84.00	3.16
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	155.55	38.89	.030	51.85	1.17
ROOM USE	3	3	116.75	38.92	.023	38.92	.88
CROSSOVERS/ALL OTH OUTPTNT	2	8	147.69	18.46	.060	73.85	1.11
@STATE HOSPITAL	8	229	\$ 137,085.12	\$ 598.62	1.722	\$ 17135.64	\$ 1030.72
MENTALLY ILL	8	229	137,085.12	598.62	1.722	17135.64	1030.72
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	59	1,938	\$ 199,753.11	\$ 103.07	14.571	\$ 3385.65	\$ 1501.90
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	59	1,938	199,753.11	103.07	14.571	3385.65	1501.90
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	16	\$ 177.55	\$ 11.10	.120	\$ 88.78	\$ 1.33
PATHOLOGY	2	16	177.55	11.10	.120	88.78	1.33
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	269	546	\$ 26,891.96	\$ 49.25	4.105	\$ 99.97	\$ 202.20
CLINIC	12	180	3,461.40	19.23	1.353	288.45	26.03

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	257	366	23,430.56	64.02	2.752	91.17	176.17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,196
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

133 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	710	8,583	\$ 104,382.20	\$ 12.16	64.534	\$ 147.02	\$ 784.83
DURABLE MED. EQUIP.	8	159	3,378.12	21.25	1.195	422.27	25.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	54.79	27.40	.015	54.79	.41
MEDICAL TRANSPORTATION	1	4	37.90	9.48	.030	37.90	.28
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	37.90	9.48	.030	37.90	.28
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15	185	12,893.18	69.69	1.391	859.55	96.94
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	221	665	69,413.80	104.38	5.000	314.09	521.91
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	423	920	11,379.02	12.37	6.917	26.90	85.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	6	289.18	48.20	.045	144.59	2.17
HOSPICE SERVICES	2	43	3,715.49	86.41	.323	1857.75	27.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	7	72.80	10.40	.053	36.40	.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	46	6,592	3,147.92	.48	49.564	68.43	23.67
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	28	50	\$ 11,217.71	\$ 224.35	.376	\$ 400.63	\$ 84.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,197
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	33	59	\$ 16,074.18	\$ 272.44	.000	\$ 487.10	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	22	41	\$	15,250.45	\$ 371.96	.000	\$ 693.20	\$.00
PRESCRIPTION DRUGS	22	41		15,250.45	371.96	.000	693.20	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	22	41		15,250.45	371.96	.000	693.20	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	5	8	\$	295.00	\$ 36.88	.000	\$ 59.00	\$.00
VISITS - DIAGNOSTIC	4	5		40.00	8.00	.000	10.00	.00
ORAL SURGERY	1	3		255.00	85.00	.000	255.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,199
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	9	\$	521.24	\$ 57.92	.000	\$ 74.46	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9		521.24	57.92	.000	74.46	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,200
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 7.49	\$ 7.49	.000	\$ 7.49	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	7.49	7.49	.000	7.49	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,201
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,914	40,807	\$ 2,396,097.70	\$ 58.72	242.899	\$ 822.27	\$ 14262.49
@PHYSICIANS SERVICES	75	331	\$ 10,540.60	\$ 31.84	1.970	\$ 140.54	\$ 62.74

OUTPATIENT VISITS	13	14	718.50	51.32	.083	55.27	4.28
OFFICE VISITS	5	6	171.00	28.50	.036	34.20	1.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	8	547.50	68.44	.048	60.83	3.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	15	49	1,534.95	31.33	.292	102.33	9.14
HOSPITAL VISITS	9	40	1,276.15	31.90	.238	141.79	7.60
CRITICAL CARE	1	1	121.60	121.60	.006	121.60	.72
SNF/ICF/TRANS IP CARE	6	8	137.20	17.15	.048	22.87	.82
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	18	1,813.78	100.77	.107	362.76	10.80
PRINCIPAL SURGEON	2	6	1,515.49	252.58	.036	757.75	9.02
ASSISTANT SURGEON	1	1	15.00	15.00	.006	15.00	.09
ANESTHESIOLOGIST	2	11	283.29	25.75	.065	141.65	1.69
OUTPATIENT SURGERY	6	7	620.10	88.59	.042	103.35	3.69
PRINCIPAL SURGEON	6	7	620.10	88.59	.042	103.35	3.69
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	118	904.31	7.66	.702	56.52	5.38
RADIOLOGY	13	54	2,874.54	53.23	.321	221.12	17.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	5.45	5.45	.006	5.45	.03
OTHER SERVICES/ALL X-OVERS	42	70	2,068.97	29.56	.417	49.26	12.32
@PHARMACY	1,724	5,669	\$ 1,092,238.02	\$ 192.67	33.744	\$ 633.55	\$ 6501.42
PRESCRIPTION DRUGS	1,692	4,266	1,089,482.17	255.39	25.393	643.90	6485.01
SNF/ICF	321	1,174	154,647.25	131.73	6.988	481.77	920.52
OUTPATIENTS	1,378	3,092	934,834.92	302.34	18.405	678.40	5564.49
MEDICAL SUPPLIES	40	1,403	2,755.85	1.96	8.351	68.90	16.40
@DENTIST	713	3,409	\$ 115,292.25	\$ 33.82	20.292	\$ 161.70	\$ 686.26
VISITS - DIAGNOSTIC	522	2,231	25,763.70	11.55	13.280	49.36	153.36
ORAL SURGERY	111	427	18,829.25	44.10	2.542	169.63	112.08
DRUGS	1	3	.00	.00	.018	.00	.00
ANESTHESIA	6	6	600.00	100.00	.036	100.00	3.57
PERIODONTICS	54	60	5,909.00	98.48	.357	109.43	35.17
ENDODONTICS	24	36	8,449.50	234.71	.214	352.06	50.29
RESTORATIVE DENTISTRY	149	364	20,944.80	57.54	2.167	140.57	124.67
PROSTHETICS	10	11	270.00	24.55	.065	27.00	1.61
DENTURES, STAYPLATES	88	261	34,526.00	132.28	1.554	392.34	205.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	10	.00	.00	.060	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,202
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

		----- MONTHLY AVERAGE -----						
168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	6	19	\$ 400.23	\$ 21.06	.113	\$ 66.71	\$ 2.38	
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.024	45.45	1.08	

EYE APPLIANCES	6	15		218.44	14.56	.089	36.41	1.30
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	5	25	\$	105.27	4.21	.149	21.05	.63
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	5	25		105.27	4.21	.149	21.05	.63
@HOME HEALTH AGENCY	2	7	\$	524.02	74.86	.042	262.01	3.12
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	46	464	\$	362,099.07	780.39	2.762	7871.72	2155.35
HOSP INPATIENT TOTAL	16	110		350,853.43	3189.58	.655	21928.34	2088.41
HSC HOSPITALS	2	6		6,705.00	1117.50	.036	3352.50	39.91
NON-HSC HOSPITAL TOTAL	13	104		342,432.43	3292.62	.619	26340.96	2038.29
ACCOMMODATIONS	13	104		70,055.86	673.61	.619	5388.91	417.00
ADMINISTRATIVE DAYS	1	11		2,544.30	231.30	.065	2544.30	15.14
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	93		67,511.56	725.93	.554	5625.96	401.85
ANCILLARIES	13	0		272,376.57	.00	.000	20952.04	1621.29
INPATIENT CROSSOVERS	1	0		1,716.00	.00	.000	1716.00	10.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	354		11,245.64	31.77	2.107	351.43	66.94
MEDICAL	9	23		840.38	36.54	.137	93.38	5.00
SURGERY	1	1		41.64	41.64	.006	41.64	.25
PATHOLOGY	12	45		479.27	10.65	.268	39.94	2.85
RADIOLOGY	5	7		756.85	108.12	.042	151.37	4.51
ROOM USE	13	21		875.44	41.69	.125	67.34	5.21
CROSSOVERS/ALL OTH OUTPTNT	19	257		8,252.06	32.11	1.530	434.32	49.12
@COUNTY HOSPITAL TOTAL	3	14	\$	6,798.80	485.63	.083	2266.27	40.47
CO HOSPITAL INPATIENT TOTAL	2	6		6,705.00	1117.50	.036	3352.50	39.91
HSC HOSPITALS	2	6		6,705.00	1117.50	.036	3352.50	39.91
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	8		93.80	11.73	.048	93.80	.56
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	8		93.80	11.73	.048	93.80	.56
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

168 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	450	\$	355,300.27	\$ 789.56	2.679	\$ 8262.80	\$ 2114.88
COMM HOSP INPATIENT TOTAL	14	104		344,148.43	3309.12	.619	24582.03	2048.50
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	13	104		342,432.43	3292.62	.619	26340.96	2038.29
ACCOMMODATIONS	13	104		70,055.86	673.61	.619	5388.91	417.00
ADMINISTRATIVE DAYS	1	11		2,544.30	231.30	.065	2544.30	15.14
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	93		67,511.56	725.93	.554	5625.96	401.85
ANCILLARIES	13	0		272,376.57	.00	.000	20952.04	1621.29
INPATIENT CROSSTOVERS	1	0		1,716.00	.00	.000	1716.00	10.21
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	346		11,151.84	32.23	2.060	359.74	66.38
MEDICAL	9	23		840.38	36.54	.137	93.38	5.00
SURGERY	1	1		41.64	41.64	.006	41.64	.25
PATHOLOGY	11	37		385.47	10.42	.220	35.04	2.29
RADIOLOGY	5	7		756.85	108.12	.042	151.37	4.51
ROOM USE	13	21		875.44	41.69	.125	67.34	5.21
CROSSTOVERS/ALL OTH OUTPTNT	19	257		8,252.06	32.11	1.530	434.32	49.12
@STATE HOSPITAL	28	853	\$	432,354.62	\$ 506.86	5.077	\$ 15441.24	\$ 2573.54
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	28	853		432,354.62	506.86	5.077	15441.24	2573.54
@NURSING FACILITY	32	1,140	\$	248,620.00	\$ 218.09	6.786	\$ 7769.38	\$ 1479.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	241		131,116.87	544.05	1.435	21852.81	780.46
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	26	899		117,503.13	130.70	5.351	4519.35	699.42
@INTERMEDIATE CARE FACIL.-DD	2	30	\$	5,623.62	\$ 187.45	.179	\$ 2811.81	\$ 33.47
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	2	30		5,623.62	187.45	.179	2811.81	33.47
@HEMODIALYSIS TOTAL	12	29	\$	6,627.35	\$ 228.53	.173	\$ 552.28	\$ 39.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	12	29		6,627.35	228.53	.173	552.28	39.45
@REHABILITATION FACILITY	1	7	\$	163.18	\$ 23.31	.042	\$ 163.18	\$.97
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	7		163.18	23.31	.042	163.18	.97
@LABORATORY FACILITY	5	26	\$	1,330.93	\$ 51.19	.155	\$ 266.19	\$ 7.92
PATHOLOGY	5	26		1,330.93	51.19	.155	266.19	7.92
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	106	156	\$	14,295.75	\$ 91.64	.929	\$ 134.87	\$ 85.09
CLINIC	2	2		643.00	321.50	.012	321.50	3.83
SURGICENTER	1	4		410.12	102.53	.024	410.12	2.44
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	103	150		13,242.63	88.28	.893	128.57	78.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

	168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	493	28,642	\$	105,882.79	\$ 3.70	170.488	\$ 214.77	\$ 630.25
DURABLE MED. EQUIP.	4	17		2,306.41	135.67	.101	576.60	13.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	162	2,050.83	12.66	.964	146.49	12.21
AMBULANCES/AIR TRANS	12	101	1,844.22	18.26	.601	153.69	10.98
OTHER TRANS	4	61	206.61	3.39	.363	51.65	1.23
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.012	105.00	1.25
IHMC,MODEL-NF,NF,AIDS,MSSP	49	415	22,202.95	53.50	2.470	453.12	132.16
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	197	420	4,696.51	11.18	2.500	23.84	27.96
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	189	6,434	68,024.70	10.57	38.298	359.92	404.91
EPSDT SUPPLEMENTAL SERVICE	3	47	1,257.27	26.75	.280	419.09	7.48
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	21,145	5,134.12	.24	125.863	128.35	30.56
@CALIF. CHILDREN SERVICES*	6	96	\$ 410.80	\$ 4.28	.571	\$ 68.47	\$ 2.45
@XOVER EXCLUDING STATE HOSP**	48	212	\$ 19,019.81	\$ 89.72	1.262	\$ 396.25	\$ 113.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL

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03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

43,814 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	28,374	121,895	\$ 6,248,448.05	\$ 51.26	2.782	\$ 220.22	\$ 142.61
@PHYSICIANS SERVICES	2,622	8,312	\$ 427,559.75	\$ 51.44	.190	\$ 163.07	\$ 9.76
OUTPATIENT VISITS	1,233	2,042	118,074.64	57.82	.047	95.76	2.69
OFFICE VISITS	122	140	10,077.34	71.98	.003	82.60	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	547	598	37,727.17	63.09	.014	68.97	.86
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	587	1,299	70,143.32	54.00	.030	119.49	1.60
OTHER OUTPATIENT	5	5	126.81	25.36	.000	25.36	.00
INPATIENT VISITS	329	789	44,208.13	56.03	.018	134.37	1.01
HOSPITAL VISITS	317	666	29,693.55	44.58	.015	93.67	.68
CRITICAL CARE	15	123	14,514.58	118.00	.003	967.64	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.00
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	405	1,653	186,057.60	112.56	.038	459.40	4.25
PRINCIPAL SURGEON	246	246	147,494.88	599.57	.006	599.57	3.37
ASSISTANT SURGEON	40	39	6,811.54	174.65	.001	170.29	.16
ANESTHESIOLOGIST	149	1,368	31,751.18	23.21	.031	213.10	.72
OUTPATIENT SURGERY	162	333	19,839.20	59.58	.008	122.46	.45
PRINCIPAL SURGEON	150	192	17,289.13	90.05	.004	115.26	.39
ASSISTANT SURGEON	2	2	130.70	65.35	.000	65.35	.00
ANESTHESIOLOGIST	16	139	2,419.37	17.41	.003	151.21	.06
DIALYSIS	3	3	506.68	168.89	.000	168.89	.01
PATHOLOGY	364	2,129	6,672.89	3.13	.049	18.33	.15
RADIOLOGY	741	1,123	43,269.68	38.53	.026	58.39	.99
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	12	23	618.86	26.91	.001	51.57	.01
OTHER SERVICES/ALL X-OVERS	192	215	8,242.41	38.34	.005	42.93	.19
@PHARMACY	2,566	5,053	\$ 351,822.22	\$ 69.63	.115	\$ 137.11	\$ 8.03
PRESCRIPTION DRUGS	2,482	4,288	332,155.28	77.46	.098	133.83	7.58
SNF/ICF	2	2	130.28	65.14	.000	65.14	.00
OUTPATIENTS	2,480	4,286	332,025.00	77.47	.098	133.88	7.58
MEDICAL SUPPLIES	175	765	19,666.94	25.71	.017	112.38	.45
@DENTIST	11,934	61,002	\$ 1,598,857.34	\$ 26.21	1.392	\$ 133.97	\$ 36.49
VISITS - DIAGNOSTIC	9,159	43,484	596,237.85	13.71	.992	65.10	13.61
ORAL SURGERY	1,551	3,187	168,121.44	52.75	.073	108.40	3.84
DRUGS	352	403	9,008.75	22.35	.009	25.59	.21
ANESTHESIA	43	43	4,100.00	95.35	.001	95.35	.09
PERIODONTICS	321	329	31,942.10	97.09	.008	99.51	.73
ENDODONTICS	763	1,165	169,216.85	145.25	.027	221.78	3.86
RESTORATIVE DENTISTRY	3,943	10,736	506,161.75	47.15	.245	128.37	11.55
PROSTHETICS	48	51	1,469.50	28.81	.001	30.61	.03
DENTURES, STAYPLATES	185	726	72,820.85	100.30	.017	393.63	1.66
SPACE MAINTAINERS	75	102	10,265.00	100.64	.002	136.87	.23
MAXILLOFACIAL SERVICES	12	12	460.00	38.33	.000	38.33	.01
FRACTURES, DISLOCATIONS	1	2	1,800.00	900.00	.000	1800.00	.04
ORTHODONTIC SERVICES	334	439	26,578.25	60.54	.010	79.58	.61
ALL OTHER SERVICES	205	323	675.00	2.09	.007	3.29	.02

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

43,814 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	13	\$ 318.35	\$ 24.49	.000	\$ 79.59	\$.01
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.000	47.45	.00
EYE APPLIANCES	2	9	128.55	14.28	.000	64.28	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.000	\$ 27.87	\$.00
VISITS	3	5	83.60	16.72	.000	27.87	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	6	\$ 314.97	\$ 52.50	.000	\$ 104.99	\$.01
NURSE ANESTHESIST	35	362	\$ 7,796.64	\$ 21.54	.008	\$ 222.76	\$.18
NURSE MIDWIFE	5	50	\$ 1,372.93	\$ 27.46	.001	\$ 274.59	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,961	15,542	\$ 3,044,795.51	\$ 195.91	.355	\$ 1028.30	\$ 69.49
HOSP INPATIENT TOTAL	398	1,497	2,670,815.62	1784.11	.034	6710.59	60.96
HSC HOSPITALS	20	58	83,827.13	1445.30	.001	4191.36	1.91
NON-HSC HOSPITAL TOTAL	379	1,439	2,586,988.49	1797.77	.033	6825.83	59.04
ACCOMMODATIONS	377	1,439	961,193.95	667.96	.033	2549.59	21.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	377	1,439	961,193.95	667.96	.033	2549.59	21.94
ANCILLARIES	379	0	1,625,794.54	.00	.000	4289.70	37.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,784	14,045	373,979.89	26.63	.321	134.33	8.54
MEDICAL	212	274	8,392.64	30.63	.006	39.59	.19
SURGERY	118	149	4,547.42	30.52	.003	38.54	.10
PATHOLOGY	817	2,956	29,245.04	9.89	.067	35.80	.67
RADIOLOGY	643	839	54,925.32	65.47	.019	85.42	1.25
ROOM USE	1,620	2,392	86,180.37	36.03	.055	53.20	1.97
CROSSOVERS/ALL OTH OUTPTNT	1,987	7,435	190,689.10	25.65	.170	95.97	4.35
@COUNTY HOSPITAL TOTAL	18	93	\$ 5,280.94	\$ 56.78	.002	\$ 293.39	\$.12
CO HOSPITAL INPATIENT TOTAL	1	2	2,700.01	1350.01	.000	2700.01	.06
HSC HOSPITALS	1	2	2,700.01	1350.01	.000	2700.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	91	2,580.93	28.36	.002	151.82	.06
MEDICAL	2	2	47.40	23.70	.000	23.70	.00
SURGERY	3	5	275.01	55.00	.000	91.67	.01
PATHOLOGY	9	48	679.75	14.16	.001	75.53	.02
RADIOLOGY	3	5	249.92	49.98	.000	83.31	.01
ROOM USE	9	14	671.57	47.97	.000	74.62	.02

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
43,814 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	2,946	15,449	\$ 3,039,514.57	\$ 196.75	.353	\$ 1031.74	\$ 69.37
COMM HOSP INPATIENT TOTAL	397	1,495	2,668,115.61	1784.69	.034	6720.69	60.90
HSC HOSPITALS	19	56	81,127.12	1448.70	.001	4269.85	1.85
NON-HSC HOSPITALS TOTAL	379	1,439	2,586,988.49	1797.77	.033	6825.83	59.04
ACCOMMODATIONS	377	1,439	961,193.95	667.96	.033	2549.59	21.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	377	1,439	961,193.95	667.96	.033	2549.59	21.94
ANCILLARIES	379	0	1,625,794.54	.00	.000	4289.70	37.11
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,769	13,954	371,398.96	26.62	.318	134.13	8.48
MEDICAL	210	272	8,345.24	30.68	.006	39.74	.19
SURGERY	115	144	4,272.41	29.67	.003	37.15	.10
PATHOLOGY	809	2,908	28,565.29	9.82	.066	35.31	.65
RADIOLOGY	640	834	54,675.40	65.56	.019	85.43	1.25
ROOM USE	1,612	2,378	85,508.80	35.96	.054	53.05	1.95
CROSSOVERS/ALL OTH OUTPTNT	1,981	7,418	190,031.82	25.62	.169	95.93	4.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	171	\$ 5,522.61	\$ 32.30	.004	\$ 1380.65	\$.13
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	171	5,522.61	32.30	.004	1380.65	.13
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,442	3,696	\$ 57,470.04	\$ 15.55	.084	\$ 39.85	\$ 1.31
PATHOLOGY	1,442	3,696	57,470.04	15.55	.084	39.85	1.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,380	11,696	\$ 523,940.85	\$ 44.80	.267	\$ 97.39	\$ 11.96
CLINIC	821	5,448	125,708.93	23.07	.124	153.12	2.87
SURGICENTER	1	1	21.66	21.66	.000	21.66	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,560	6,247	398,210.26	63.74	.143	87.33	9.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,208
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

43,814 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,691	15,987	\$ 228,593.24	\$ 14.30	.365	\$ 40.17	\$ 5.22
DURABLE MED. EQUIP.	1	1	99.99	99.99	.000	99.99	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	94	739	14,268.51	19.31	.017	151.79	.33
AMBULANCES/AIR TRANS	93	738	12,468.51	16.90	.017	134.07	.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	163	11,341.54	69.58	.004	1260.17	.26
GENETIC DISEASE TESTING	365	367	38,487.00	104.87	.008	105.44	.88
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,735	3,669	32,736.30	8.92	.084	18.87	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	11	1,222.30	111.12	.000	135.81	.03
PROSTHETICS	9	11	1,222.30	111.12	.000	135.81	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.95	47.32	.000	141.95	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,505	11,034	130,295.65	11.81	.252	37.17	2.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	38	183	\$ 30,464.80	\$ 166.47	.004	\$ 801.71	\$.70
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 MOP024 FEE-FOR-SERVICE/DENTAL
 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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44,115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,225	183,016	\$ 9,562,611.06	\$ 52.25	4.149	\$ 279.40	\$ 216.77
@PHYSICIANS SERVICES	2,725	8,706	\$ 439,610.91	\$ 50.50	.197	\$ 161.33	\$ 9.97
OUTPATIENT VISITS	1,263	2,078	119,562.84	57.54	.047	94.67	2.71
OFFICE VISITS	143	167	10,973.44	65.71	.004	76.74	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	557	607	38,319.27	63.13	.014	68.80	.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	587	1,299	70,143.32	54.00	.029	119.49	1.59
OTHER OUTPATIENT	5	5	126.81	25.36	.000	25.36	.00
INPATIENT VISITS	345	839	45,756.78	54.54	.019	132.63	1.04
HOSPITAL VISITS	326	706	30,969.70	43.87	.016	95.00	.70
CRITICAL CARE	16	124	14,636.18	118.03	.003	914.76	.33
SNF/ICF/TRANS IP CARE	7	9	150.90	16.77	.000	21.56	.00
OPHTHALMOLOGICAL SERVICES	4	4	160.59	40.15	.000	40.15	.00

EXAMINATIONS	4	4	160.59	40.15	.000	40.15	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	410	1,671	187,871.38	112.43	.038	458.22	4.26
PRINCIPAL SURGEON	248	252	149,010.37	591.31	.006	600.85	3.38
ASSISTANT SURGEON	41	40	6,826.54	170.66	.001	166.50	.15
ANESTHESIOLOGIST	151	1,379	32,034.47	23.23	.031	212.15	.73
OUTPATIENT SURGERY	169	342	20,664.25	60.42	.008	122.27	.47
PRINCIPAL SURGEON	157	201	18,114.18	90.12	.005	115.38	.41
ASSISTANT SURGEON	2	2	130.70	65.35	.000	65.35	.00
ANESTHESIOLOGIST	16	139	2,419.37	17.41	.003	151.21	.05
DIALYSIS	3	3	506.68	168.89	.000	168.89	.01
PATHOLOGY	380	2,247	7,577.20	3.37	.051	19.94	.17
RADIOLOGY	757	1,181	46,245.01	39.16	.027	61.09	1.05
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	13	24	624.31	26.01	.001	48.02	.01
OTHER SERVICES/ALL X-OVERS	246	316	10,618.65	33.60	.007	43.17	.24
@PHARMACY	5,228	15,266	\$ 1,687,249.84	\$ 110.52	.346	\$ 322.73	\$ 38.25
PRESCRIPTION DRUGS	5,072	10,464	1,662,190.36	158.85	.237	327.72	37.68
SNF/ICF	844	2,411	300,376.12	124.59	.055	355.90	6.81
OUTPATIENTS	4,243	8,053	1,361,814.24	169.11	.183	320.96	30.87
MEDICAL SUPPLIES	257	4,802	25,059.48	5.22	.109	97.51	.57
@DENTIST	13,784	68,750	\$ 1,916,138.69	\$ 27.87	1.558	\$ 139.01	\$ 43.44
VISITS - DIAGNOSTIC	10,476	48,556	657,720.85	13.55	1.101	62.78	14.91
ORAL SURGERY	1,824	4,196	215,210.59	51.29	.095	117.99	4.88
DRUGS	353	406	9,008.75	22.19	.009	25.52	.20
ANESTHESIA	52	52	4,900.00	94.23	.001	94.23	.11
PERIODONTICS	440	459	42,991.85	93.66	.010	97.71	.97
ENDODONTICS	804	1,225	182,133.35	148.68	.028	226.53	4.13
RESTORATIVE DENTISTRY	4,216	11,360	544,107.20	47.90	.258	129.06	12.33
PROSTHETICS	66	71	2,108.00	29.69	.002	31.94	.05
DENTURES, STAYPLATES	524	1,529	218,179.85	142.69	.035	416.37	4.95
SPACE MAINTAINERS	75	102	10,265.00	100.64	.002	136.87	.23

MAXILLOFACIAL SERVICES	12	12	460.00	38.33	.000	38.33	.01
FRACTURES, DISLOCATIONS	1	2	1,800.00	900.00	.000	1800.00	.04
ORTHODONTIC SERVICES	334	439	26,578.25	60.54	.010	79.58	.60
ALL OTHER SERVICES	229	341	675.00	1.98	.008	2.95	.02

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SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDEY - TOTAL

44,115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	13	41	\$ 877.91	\$ 21.41	.001	\$ 67.53	\$.02
DIAGNOSTIC AND ANC. PROCED	8	8	371.59	46.45	.000	46.45	.01
EYE APPLIANCES	11	33	506.32	15.34	.001	46.03	.01
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	5	\$ 83.60	\$ 16.72	.000	\$ 27.87	\$.00
VISITS	3	5	83.60	16.72	.000	27.87	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	46	\$ 117.10	\$ 2.55	.001	\$ 6.89	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	46	117.10	2.55	.001	6.89	.00
@HOME HEALTH AGENCY	5	13	\$ 838.99	\$ 64.54	.000	\$ 167.80	\$.02
NURSE ANESTHESIST	35	362	\$ 7,796.64	\$ 21.54	.008	\$ 222.76	\$.18
NURSE MIDWIFE	5	50	\$ 1,372.93	\$ 27.46	.001	\$ 274.59	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,015	16,022	\$ 3,409,280.80	\$ 212.79	.363	\$ 1130.77	\$ 77.28
HOSP INPATIENT TOTAL	416	1,607	3,023,421.05	1881.41	.036	7267.84	68.53
HSC HOSPITALS	22	64	90,532.13	1414.56	.001	4115.10	2.05
NON-HSC HOSPITAL TOTAL	392	1,543	2,929,420.92	1898.52	.035	7473.01	66.40
ACCOMMODATIONS	390	1,543	1,031,249.81	668.34	.035	2644.23	23.38
ADMINISTRATIVE DAYS	1	11	2,544.30	231.30	.000	2544.30	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	389	1,532	1,028,705.51	671.48	.035	2644.49	23.32
ANCILLARIES	392	0	1,898,171.11	.00	.000	4842.27	43.03
INPATIENT CROSSOVERS	3	0	3,468.00	.00	.000	1156.00	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,822	14,415	385,859.75	26.77	.327	136.73	8.75
MEDICAL	221	297	9,233.02	31.09	.007	41.78	.21
SURGERY	119	150	4,589.06	30.59	.003	38.56	.10
PATHOLOGY	829	3,001	29,724.31	9.90	.068	35.86	.67
RADIOLOGY	651	850	55,837.72	65.69	.019	85.77	1.27
ROOM USE	1,636	2,416	87,172.56	36.08	.055	53.28	1.98
CROSSOVERS/ALL OTH OUTPTNT	2,009	7,701	199,303.08	25.88	.175	99.21	4.52
@COUNTY HOSPITAL TOTAL	22	108	\$ 12,293.97	\$ 113.83	.002	\$ 558.82	\$.28
CO HOSPITAL INPATIENT TOTAL	3	8	9,405.01	1175.63	.000	3135.00	.21
HSC HOSPITALS	3	8	9,405.01	1175.63	.000	3135.00	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	19	100	2,888.96	28.89	.002	152.05	.07
MEDICAL	2	2	47.40	23.70	.000	23.70	.00
SURGERY	3	5	275.01	55.00	.000	91.67	.01
PATHOLOGY	10	56	773.55	13.81	.001	77.36	.02
RADIOLOGY	3	5	249.92	49.98	.000	83.31	.01
ROOM USE	9	14	671.57	47.97	.000	74.62	.02
CROSSOVERS/ALL OTH OUTPTNT	9	18	871.51	48.42	.000	96.83	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,211
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

		----- MONTHLY AVERAGE -----						
44,115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,996	15,914	\$ 3,396,986.83	\$ 213.46	.361	\$ 1133.84	\$ 77.00	
COMM HOSP INPATIENT TOTAL	413	1,599	3,014,016.04	1884.94	.036	7297.86	68.32	
HSC HOSPITALS	19	56	81,127.12	1448.70	.001	4269.85	1.84	
NON-HSC HOSPITALS TOTAL	392	1,543	2,929,420.92	1898.52	.035	7473.01	66.40	
ACCOMMODATIONS	390	1,543	1,031,249.81	668.34	.035	2644.23	23.38	
ADMINISTRATIVE DAYS	1	11	2,544.30	231.30	.000	2544.30	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	389	1,532	1,028,705.51	671.48	.035	2644.49	23.32	
ANCILLARIES	392	0	1,898,171.11	.00	.000	4842.27	43.03	
INPATIENT CROSSOVERS	3	0	3,468.00	.00	.000	1156.00	.08	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,805	14,315	382,970.79	26.75	.324	136.53	8.68	
MEDICAL	219	295	9,185.62	31.14	.007	41.94	.21	
SURGERY	116	145	4,314.05	29.75	.003	37.19	.10	
PATHOLOGY	820	2,945	28,950.76	9.83	.067	35.31	.66	
RADIOLOGY	648	845	55,587.80	65.78	.019	85.78	1.26	
ROOM USE	1,628	2,402	86,500.99	36.01	.054	53.13	1.96	
CROSSOVERS/ALL OTH OUTPTNT	2,002	7,683	198,431.57	25.83	.174	99.12	4.50	
@STATE HOSPITAL	36	1,082	\$ 569,439.74	\$ 526.28	.025	\$ 15817.77	\$ 12.91	
MENTALLY ILL	8	229	137,085.12	598.62	.005	17135.64	3.11	
DEVELOP. DISABLED	28	853	432,354.62	506.86	.019	15441.24	9.80	
@NURSING FACILITY	91	3,078	\$ 448,373.11	\$ 145.67	.070	\$ 4927.18	\$ 10.16	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	6	241	131,116.87	544.05	.005	21852.81	2.97	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	85	2,837	317,256.24	111.83	.064	3732.43	7.19	
@INTERMEDIATE CARE FACIL.-DD	2	30	\$ 5,623.62	\$ 187.45	.001	\$ 2811.81	\$.13	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	2	30	5,623.62	187.45	.001	2811.81	.13	
@HEMODIALYSIS TOTAL	16	200	\$ 12,149.96	\$ 60.75	.005	\$ 759.37	\$.28	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	16	200	12,149.96	60.75	.005	759.37	.28	
@REHABILITATION FACILITY	1	7	\$ 163.18	\$ 23.31	.000	\$ 163.18	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	1	7	163.18	23.31	.000	163.18	.00	
@LABORATORY FACILITY	1,449	3,738	\$ 58,978.52	\$ 15.78	.085	\$ 40.70	\$ 1.34	
PATHOLOGY	1,449	3,738	58,978.52	15.78	.085	40.70	1.34	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	5,762	12,407	\$ 565,649.80	\$ 45.59	.281	\$ 98.17	\$ 12.82	
CLINIC	835	5,630	129,813.33	23.06	.128	155.47	2.94	

SURGICENTER	2	5	431.78	86.36	.000	215.89	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,927	6,772	435,404.69	64.29	.154	88.37	9.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,212
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
44,115 ELIGIBLES						
@ALL OTHER PROVIDERS	6,895	53,213	\$ 438,865.72	\$ 8.25	1.206	\$ 63.65 \$ 9.95
DURABLE MED. EQUIP.	13	177	5,784.52	32.68	.004	444.96 .13
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	1	2	54.79	27.40	.000	54.79 .00
MEDICAL TRANSPORTATION	109	905	16,357.24	18.07	.021	150.07 .37
AMBULANCES/AIR TRANS	105	839	14,312.73	17.06	.019	136.31 .32
OTHER TRANS	5	65	244.51	3.76	.001	48.90 .01
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00 .04
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	24	348	24,234.72	69.64	.008	1009.78 .55
GENETIC DISEASE TESTING	367	369	38,697.00	104.87	.008	105.44 .88
IHMC,MODEL-NF,NF,AIDS,MSSP	270	1,080	91,616.75	84.83	.024	339.32 2.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	2,355	5,009	48,811.83	9.74	.114	20.73 1.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	9	11	1,222.30	111.12	.000	135.81 .03
PROSTHETICS	9	11	1,222.30	111.12	.000	135.81 .03
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	3	9	431.13	47.90	.000	143.71 .01
HOSPICE SERVICES	2	43	3,715.49	86.41	.001	1857.75 .08
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	3,696	17,475	198,393.15	11.35	.396	53.68 4.50
EPSDT SUPPLEMENTAL SERVICE	3	47	1,257.27	26.75	.001	419.09 .03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	87	27,738	8,289.53	.30	.629	95.28 .19
@CALIF. CHILDREN SERVICES*	44	279	\$ 30,875.60	\$ 110.67	.006	\$ 701.72 \$.70
@XOVER EXCLUDING STATE HOSP**	76	262	\$ 30,237.52	\$ 115.41	.006	\$ 397.86 \$.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,213
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
8,243 ELIGIBLES						
@TOTAL, ALL PROVIDERS	4,538	87,276	\$ 878,513.86	\$ 10.07	10.588	\$ 193.59 \$ 106.58
@PHYSICIANS SERVICES	499	903	\$ 42,141.37	\$ 46.67	.110	\$ 84.45 \$ 5.11
OUTPATIENT VISITS	346	391	17,266.07	44.16	.047	49.90 2.09
OFFICE VISITS	159	184	6,649.72	36.14	.022	41.82 .81
HOME VISITS	0	0	.00	.00	.000	.00 .00
EMERGENCY ROOM	179	192	10,195.13	53.10	.023	56.96 1.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00 .00

OTHER OUTPATIENT	11	15	421.22	28.08	.002	38.29	.05
INPATIENT VISITS	33	152	12,226.50	80.44	.018	370.50	1.48
HOSPITAL VISITS	28	108	5,832.39	54.00	.013	208.30	.71
CRITICAL CARE	8	44	6,394.11	145.32	.005	799.26	.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9	469.54	52.17	.001	52.17	.06
EXAMINATIONS	9	9	469.54	52.17	.001	52.17	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	9	1,509.89	167.77	.001	377.47	.18
PRINCIPAL SURGEON	3	4	1,389.26	347.32	.000	463.09	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	120.63	24.13	.001	120.63	.01
OUTPATIENT SURGERY	33	67	4,402.49	65.71	.008	133.41	.53
PRINCIPAL SURGEON	28	32	3,314.79	103.59	.004	118.39	.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	35	1,087.70	31.08	.004	155.39	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	26	86	386.61	4.50	.010	14.87	.05
RADIOLOGY	89	103	1,789.97	17.38	.012	20.11	.22
PSYCHIATRY	5	20	1,111.09	55.55	.002	222.22	.13
IMMUNIZATION AND INJECTION	2	3	18.55	6.18	.000	9.28	.00
OTHER SERVICES/ALL X-OVERS	46	63	2,960.66	46.99	.008	64.36	.36
@PHARMACY	982	2,902	\$ 116,082.17	\$ 40.00	.352	\$ 118.21	\$ 14.08
PRESCRIPTION DRUGS	973	1,595	110,701.08	69.41	.193	113.77	13.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	973	1,595	110,701.08	69.41	.193	113.77	13.43
MEDICAL SUPPLIES	44	1,307	5,381.09	4.12	.159	122.30	.65
@DENTIST	656	4,106	\$ 106,694.05	\$ 25.98	.498	\$ 162.64	\$ 12.94
VISITS - DIAGNOSTIC	527	2,983	44,047.05	14.77	.362	83.58	5.34
ORAL SURGERY	65	156	11,964.00	76.69	.019	184.06	1.45
DRUGS	28	32	700.00	21.88	.004	25.00	.08
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.04
PERIODONTICS	4	4	472.00	118.00	.000	118.00	.06
ENDODONTICS	45	85	10,070.00	118.47	.010	223.78	1.22
RESTORATIVE DENTISTRY	239	787	36,430.00	46.29	.095	152.43	4.42
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.000	219.00	.03
SPACE MAINTAINERS	3	4	462.00	115.50	.000	154.00	.06
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	29	1,800.00	62.07	.004	81.82	.22
ALL OTHER SERVICES	10	17	150.00	8.82	.002	15.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,214
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W						

8,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	35	65	\$ 1,841.90	\$ 28.34	.008	\$ 52.63	\$.22	
DIAGNOSTIC AND ANC. PROCED	31	32	1,333.97	41.69	.004	43.03	.16	
EYE APPLIANCES	18	33	507.93	15.39	.004	28.22	.06	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	1,622	\$	36,724.33	\$ 22.64	.197	\$ 2295.27	\$ 4.46
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	384	1,230	\$	224,017.75	\$ 182.13	.149	\$ 583.38	\$ 27.18
HOSP INPATIENT TOTAL	30	111		189,804.16	1709.95	.013	6326.81	23.03
HSC HOSPITALS	14	67		124,436.00	1857.25	.008	8888.29	15.10
NON-HSC HOSPITAL TOTAL	16	44		65,368.16	1485.64	.005	4085.51	7.93
ACCOMMODATIONS	16	44		29,898.26	679.51	.005	1868.64	3.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	44		29,898.26	679.51	.005	1868.64	3.63
ANCILLARIES	16	0		35,469.90	.00	.000	2216.87	4.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	360	1,119		34,213.59	30.58	.136	95.04	4.15
MEDICAL	50	79		5,166.74	65.40	.010	103.33	.63
SURGERY	24	28		1,130.27	40.37	.003	47.09	.14
PATHOLOGY	83	319		3,738.56	11.72	.039	45.04	.45
RADIOLOGY	97	111		5,517.79	49.71	.013	56.88	.67
ROOM USE	271	315		12,638.01	40.12	.038	46.63	1.53
CROSSOVERS/ALL OTH OUTPTNT	177	267		6,022.22	22.56	.032	34.02	.73
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,215
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

8,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	384	1,230	\$ 224,017.75	\$ 182.13	.149	\$ 583.38	\$ 27.18
COMM HOSP INPATIENT TOTAL	30	111	189,804.16	1709.95	.013	6326.81	23.03
HSC HOSPITALS	14	67	124,436.00	1857.25	.008	8888.29	15.10
NON-HSC HOSPITALS TOTAL	16	44	65,368.16	1485.64	.005	4085.51	7.93
ACCOMMODATIONS	16	44	29,898.26	679.51	.005	1868.64	3.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	44	29,898.26	679.51	.005	1868.64	3.63
ANCILLARIES	16	0	35,469.90	.00	.000	2216.87	4.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	360	1,119	34,213.59	30.58	.136	95.04	4.15
MEDICAL	50	79	5,166.74	65.40	.010	103.33	.63
SURGERY	24	28	1,130.27	40.37	.003	47.09	.14
PATHOLOGY	83	319	3,738.56	11.72	.039	45.04	.45
RADIOLOGY	97	111	5,517.79	49.71	.013	56.88	.67
ROOM USE	271	315	12,638.01	40.12	.038	46.63	1.53
CROSSOVERS/ALL OTH OUTPTNT	177	267	6,022.22	22.56	.032	34.02	.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	59	\$ 734.23	\$ 12.44	.007	\$ 244.74	\$.09
HOSPITAL BASED	2	58	713.04	12.29	.007	356.52	.09

INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	306	453	\$ 5,458.30	\$ 12.05	.055	\$ 17.84	\$.66
PATHOLOGY	306	453	5,458.30	12.05	.055	17.84	.66
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,101	3,113	\$ 243,396.93	\$ 78.19	.378	\$ 115.85	\$ 29.53
CLINIC	251	847	17,416.79	20.56	.103	69.39	2.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,850	2,266	225,980.14	99.73	.275	122.15	27.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,216
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	8,243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	259		72,823	\$ 101,422.83	\$ 1.39	8.835	\$ 391.59	\$ 12.30
DURABLE MED. EQUIP.	6		6	617.84	102.97	.001	102.97	.07
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18		356	6,223.00	17.48	.043	345.72	.75
AMBULANCES/AIR TRANS	18		354	3,148.00	8.89	.043	174.89	.38
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	2		2	3,075.00	1537.50	.000	1537.50	.37
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25		25	2,625.00	105.00	.003	105.00	.32
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	100		219	1,795.18	8.20	.027	17.95	.22
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	75		447	3,591.42	8.03	.054	47.89	.44
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36		71,770	86,570.39	1.21	8.707	2404.73	10.50
@CALIF. CHILDREN SERVICES*	66		70,416	\$ 182,584.02	\$ 2.59	8.543	\$ 2766.42	\$ 22.15
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,217
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

	07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36		166	\$ 3,000.18	\$ 18.07	23.714	\$ 83.34	\$ 428.60
@PHYSICIANS SERVICES	0		0	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	32	148	\$ 2,637.00	\$ 17.82	21.143	\$ 82.41	\$ 376.71
VISITS - DIAGNOSTIC	20	99	460.00	4.65	14.143	23.00	65.71
ORAL SURGERY	4	8	663.00	82.88	1.143	165.75	94.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.143	100.00	14.29
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.143	.00	.00
RESTORATIVE DENTISTRY	10	34	1,414.00	41.59	4.857	141.40	202.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	5	.00	.00	.714	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,218
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,219
MOPO24	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83	

07 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	178.71	\$ 59.57	.429	\$ 59.57	\$ 25.53
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		178.71	59.57	.429	59.57	25.53

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,220
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

07 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	15	\$ 184.47	\$ 12.30	2.143	\$ 61.49	\$ 26.35
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.286	16.64	2.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	13	167.83	12.91	1.857	83.92	23.98
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

8,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,574	87,442	\$ 881,514.04	\$ 10.08	10.599	\$ 192.72	\$ 106.85
@PHYSICIANS SERVICES	499	903	\$ 42,141.37	\$ 46.67	.109	\$ 84.45	\$ 5.11
OUTPATIENT VISITS	346	391	17,266.07	44.16	.047	49.90	2.09
OFFICE VISITS	159	184	6,649.72	36.14	.022	41.82	.81
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	179	192	10,195.13	53.10	.023	56.96	1.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	15	421.22	28.08	.002	38.29	.05
INPATIENT VISITS	33	152	12,226.50	80.44	.018	370.50	1.48
HOSPITAL VISITS	28	108	5,832.39	54.00	.013	208.30	.71
CRITICAL CARE	8	44	6,394.11	145.32	.005	799.26	.78
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9	469.54	52.17	.001	52.17	.06
EXAMINATIONS	9	9	469.54	52.17	.001	52.17	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	9	1,509.89	167.77	.001	377.47	.18
PRINCIPAL SURGEON	3	4	1,389.26	347.32	.000	463.09	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	120.63	24.13	.001	120.63	.01
OUTPATIENT SURGERY	33	67	4,402.49	65.71	.008	133.41	.53
PRINCIPAL SURGEON	28	32	3,314.79	103.59	.004	118.39	.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	35	1,087.70	31.08	.004	155.39	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	26	86	386.61	4.50	.010	14.87	.05
RADIOLOGY	89	103	1,789.97	17.38	.012	20.11	.22
PSYCHIATRY	5	20	1,111.09	55.55	.002	222.22	.13
IMMUNIZATION AND INJECTION	2	3	18.55	6.18	.000	9.28	.00
OTHER SERVICES/ALL X-OVERS	46	63	2,960.66	46.99	.008	64.36	.36
@PHARMACY	982	2,902	\$ 116,082.17	\$ 40.00	.352	\$ 118.21	\$ 14.07
PRESCRIPTION DRUGS	973	1,595	110,701.08	69.41	.193	113.77	13.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	973	1,595	110,701.08	69.41	.193	113.77	13.42
MEDICAL SUPPLIES	44	1,307	5,381.09	4.12	.158	122.30	.65
@DENTIST	688	4,254	\$ 109,331.05	\$ 25.70	.516	\$ 158.91	\$ 13.25
VISITS - DIAGNOSTIC	547	3,082	44,507.05	14.44	.374	81.37	5.39
ORAL SURGERY	69	164	12,627.00	76.99	.020	183.00	1.53
DRUGS	28	32	700.00	21.88	.004	25.00	.08
ANESTHESIA	4	4	400.00	100.00	.000	100.00	.05
PERIODONTICS	4	4	472.00	118.00	.000	118.00	.06
ENDODONTICS	46	86	10,070.00	117.09	.010	218.91	1.22
RESTORATIVE DENTISTRY	249	821	37,844.00	46.10	.100	151.98	4.59
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.000	219.00	.03
SPACE MAINTAINERS	3	4	462.00	115.50	.000	154.00	.06
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	29	1,800.00	62.07	.004	81.82	.22
ALL OTHER SERVICES	13	22	150.00	6.82	.003	11.54	.02

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

8,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	35	65	\$ 1,841.90	\$ 28.34	.008		\$ 52.63	\$.22
DIAGNOSTIC AND ANC. PROCED	31	32	1,333.97	41.69	.004		43.03	.16
EYE APPLIANCES	18	33	507.93	15.39	.004		28.22	.06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	16	1,622	\$ 36,724.33	\$ 22.64	.197		\$ 2295.27	\$ 4.45
NURSE ANESTHESIST	0	0	.00	.00	.000		.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000		.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
@TOTAL HOSPITAL	384	1,230	\$ 224,017.75	\$ 182.13	.149		\$ 583.38	\$ 27.15
HOSP INPATIENT TOTAL	30	111	189,804.16	1709.95	.013		6326.81	23.01
HSC HOSPITALS	14	67	124,436.00	1857.25	.008		8888.29	15.08
NON-HSC HOSPITAL TOTAL	16	44	65,368.16	1485.64	.005		4085.51	7.92
ACCOMMODATIONS	16	44	29,898.26	679.51	.005		1868.64	3.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	16	44	29,898.26	679.51	.005		1868.64	3.62
ANCILLARIES	16	0	35,469.90	.00	.000		2216.87	4.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	360	1,119	34,213.59	30.58	.136		95.04	4.15
MEDICAL	50	79	5,166.74	65.40	.010		103.33	.63
SURGERY	24	28	1,130.27	40.37	.003		47.09	.14
PATHOLOGY	83	319	3,738.56	11.72	.039		45.04	.45
RADIOLOGY	97	111	5,517.79	49.71	.013		56.88	.67
ROOM USE	271	315	12,638.01	40.12	.038		46.63	1.53
CROSSOVERS/ALL OTH OUTPTNT	177	267	6,022.22	22.56	.032		34.02	.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
8,250 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	384	1,230	\$ 224,017.75	\$ 182.13	.149	\$ 583.38	\$ 27.15
COMM HOSP INPATIENT TOTAL	30	111	189,804.16	1709.95	.013	6326.81	23.01
HSC HOSPITALS	14	67	124,436.00	1857.25	.008	8888.29	15.08
NON-HSC HOSPITALS TOTAL	16	44	65,368.16	1485.64	.005	4085.51	7.92
ACCOMMODATIONS	16	44	29,898.26	679.51	.005	1868.64	3.62
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	44	29,898.26	679.51	.005	1868.64	3.62
ANCILLARIES	16	0	35,469.90	.00	.000	2216.87	4.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	360	1,119	34,213.59	30.58	.136	95.04	4.15
MEDICAL	50	79	5,166.74	65.40	.010	103.33	.63
SURGERY	24	28	1,130.27	40.37	.003	47.09	.14
PATHOLOGY	83	319	3,738.56	11.72	.039	45.04	.45
RADIOLOGY	97	111	5,517.79	49.71	.013	56.88	.67
ROOM USE	271	315	12,638.01	40.12	.038	46.63	1.53
CROSSOVERS/ALL OTH OUTPTNT	177	267	6,022.22	22.56	.032	34.02	.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	59	\$ 734.23	\$ 12.44	.007	\$ 244.74	\$.09
HOSPITAL BASED	2	58	713.04	12.29	.007	356.52	.09
INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	306	453	\$ 5,458.30	\$ 12.05	.055	\$ 17.84	\$.66
PATHOLOGY	306	453	5,458.30	12.05	.055	17.84	.66
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,104	3,116	\$ 243,575.64	\$ 78.17	.378	\$ 115.77	\$ 29.52
CLINIC	251	847	17,416.79	20.56	.103	69.39	2.11
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,853	2,269	226,158.85	99.67	.275	122.05	27.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,224
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

8,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	262	72,838	\$ 101,607.30	\$ 1.39	8.829	\$ 387.81	\$ 12.32
DURABLE MED. EQUIP.	6	6	617.84	102.97	.001	102.97	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	356	6,223.00	17.48	.043	345.72	.75
AMBULANCES/AIR TRANS	18	354	3,148.00	8.89	.043	174.89	.38
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50	.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,625.00	105.00	.003	105.00	.32
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	101	221	1,811.82	8.20	.027	17.94	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	77	460	3,759.25	8.17	.056	48.82	.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	71,770	86,570.39	1.21	8.699	2404.73	10.49
@CALIF. CHILDREN SERVICES*	66	70,416	\$ 182,584.02	\$ 2.59	8.535	\$ 2766.42	\$ 22.13

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,225

MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,226
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,227
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,228
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,229
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	184	544	\$ 50,583.36	\$ 92.98	25.905	\$ 274.91	\$ 2408.73
@PHYSICIANS SERVICES	12	46	\$ 2,625.45	\$ 57.08	2.190	\$ 218.79	\$ 125.02
OUTPATIENT VISITS	4	11	490.91	44.63	.524	122.73	23.38
OFFICE VISITS	1	1	37.50	37.50	.048	37.50	1.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.095	108.08	10.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	8	237.25	29.66	.381	118.63	11.30

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	107.58	53.79	.095	53.79	5.12
HOSPITAL VISITS	2	2	107.58	53.79	.095	53.79	5.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9	1,243.16	138.13	.429	621.58	59.20
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.048	1088.56	51.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	154.60	19.33	.381	154.60	7.36
OUTPATIENT SURGERY	2	3	360.61	120.20	.143	180.31	17.17
PRINCIPAL SURGEON	2	2	312.16	156.08	.095	156.08	14.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.048	48.45	2.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	86.21	14.37	.286	21.55	4.11
RADIOLOGY	3	4	212.24	53.06	.190	70.75	10.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	54.50	7.79	.333	27.25	2.60
OTHER SERVICES/ALL X-OVERS	4	4	70.24	17.56	.190	17.56	3.34
@PHARMACY	37	93	\$ 21,787.26	\$ 234.27	4.429	\$ 588.84	\$ 1037.49
PRESCRIPTION DRUGS	36	88	21,493.16	244.24	4.190	597.03	1023.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	36	88	21,493.16	244.24	4.190	597.03	1023.48
MEDICAL SUPPLIES	2	5	294.10	58.82	.238	147.05	14.00
@DENTIST	30	150	\$ 5,643.00	\$ 37.62	7.143	\$ 188.10	\$ 268.71
VISITS - DIAGNOSTIC	23	87	1,352.00	15.54	4.143	58.78	64.38
ORAL SURGERY	5	10	963.00	96.30	.476	192.60	45.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.048	100.00	4.76

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.048	330.00	15.71
RESTORATIVE DENTISTRY	12	51	2,898.00	56.82	2.429	241.50	138.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,230
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.095	\$ 104.99	\$ 5.00
NURSE ANESTHESIST	2	13	\$ 323.28	\$ 24.87	.619	\$ 161.64	\$ 15.39
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	88	\$ 12,811.39	\$ 145.58	4.190	\$ 241.72	\$ 610.07
HOSP INPATIENT TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46
ACCOMMODATIONS	2	7	3,887.44	555.35	.333	1943.72	185.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,887.44	555.35	.333	1943.72	185.12
ANCILLARIES	2	0	6,307.14	.00	.000	3153.57	300.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	52	81	2,616.81	32.31	3.857	50.32	124.61
MEDICAL	2	2	108.11	54.06	.095	54.06	5.15
SURGERY	1	1	18.99	18.99	.048	18.99	.90
PATHOLOGY	5	22	251.05	11.41	1.048	50.21	11.95
RADIOLOGY	2	2	92.69	46.35	.095	46.35	4.41
ROOM USE	7	7	249.16	35.59	.333	35.59	11.86
CROSSOVERS/ALL OTH OUTPTNT	45	47	1,896.81	40.36	2.238	42.15	90.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,231
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	53	88	\$ 12,811.39	\$ 145.58	4.190	\$ 241.72	\$ 610.07	
COMM HOSP INPATIENT TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46	
ACCOMMODATIONS	2	7	3,887.44	555.35	.333	1943.72	185.12	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	7	3,887.44	555.35	.333	1943.72	185.12	
ANCILLARIES	2	0	6,307.14	.00	.000	3153.57	300.34	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	52	81	2,616.81	32.31	3.857	50.32	124.61	
MEDICAL	2	2	108.11	54.06	.095	54.06	5.15	
SURGERY	1	1	18.99	18.99	.048	18.99	.90	
PATHOLOGY	5	22	251.05	11.41	1.048	50.21	11.95	
RADIOLOGY	2	2	92.69	46.35	.095	46.35	4.41	
ROOM USE	7	7	249.16	35.59	.333	35.59	11.86	
CROSSOVERS/ALL OTH OUTPTNT	45	47	1,896.81	40.36	2.238	42.15	90.32	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	3	9	\$	179.48	\$	19.94	.429	\$ 59.83	\$ 8.55
PATHOLOGY	3	9		179.48		19.94	.429	59.83	8.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	64	\$	3,168.55	\$	49.51	3.048	\$ 102.21	\$ 150.88
CLINIC	2	18		447.75		24.88	.857	223.88	21.32
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	29	46		2,720.80		59.15	2.190	93.82	129.56

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,232
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	44	79	\$ 3,939.96	\$ 49.87	3.762	\$ 89.54	\$ 187.62
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	25	215.92	8.64	1.190	215.92	10.28
AMBULANCES/AIR TRANS	1	25	215.92	8.64	1.190	215.92	10.28
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	1.619	105.00	170.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	154.04	7.70	.952	17.12	7.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,233
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	184	544	\$ 50,583.36	\$ 92.98	25.905	\$ 274.91	\$ 2408.73
@PHYSICIANS SERVICES	12	46	\$ 2,625.45	\$ 57.08	2.190	\$ 218.79	\$ 125.02

OUTPATIENT VISITS	4	11	490.91	44.63	.524	122.73	23.38
OFFICE VISITS	1	1	37.50	37.50	.048	37.50	1.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.095	108.08	10.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	8	237.25	29.66	.381	118.63	11.30
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	107.58	53.79	.095	53.79	5.12
HOSPITAL VISITS	2	2	107.58	53.79	.095	53.79	5.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9	1,243.16	138.13	.429	621.58	59.20
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.048	1088.56	51.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	154.60	19.33	.381	154.60	7.36
OUTPATIENT SURGERY	2	3	360.61	120.20	.143	180.31	17.17
PRINCIPAL SURGEON	2	2	312.16	156.08	.095	156.08	14.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.048	48.45	2.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	86.21	14.37	.286	21.55	4.11
RADIOLOGY	3	4	212.24	53.06	.190	70.75	10.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	54.50	7.79	.333	27.25	2.60
OTHER SERVICES/ALL X-OVERS	4	4	70.24	17.56	.190	17.56	3.34
@PHARMACY	37	93	\$ 21,787.26	\$ 234.27	4.429	\$ 588.84	\$ 1037.49
PRESCRIPTION DRUGS	36	88	21,493.16	244.24	4.190	597.03	1023.48
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	36	88	21,493.16	244.24	4.190	597.03	1023.48
MEDICAL SUPPLIES	2	5	294.10	58.82	.238	147.05	14.00
@DENTIST	30	150	\$ 5,643.00	\$ 37.62	7.143	\$ 188.10	\$ 268.71
VISITS - DIAGNOSTIC	23	87	1,352.00	15.54	4.143	58.78	64.38
ORAL SURGERY	5	10	963.00	96.30	.476	192.60	45.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.048	100.00	4.76
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.048	330.00	15.71
RESTORATIVE DENTISTRY	12	51	2,898.00	56.82	2.429	241.50	138.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,234
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL						

						----- MONTHLY AVERAGE -----			
21 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00		

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.095	\$ 104.99	\$ 5.00
NURSE ANESTHESIST	2	13	\$	323.28	\$	24.87	.619	\$ 161.64	\$ 15.39
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	88	\$	12,811.39	\$	145.58	4.190	\$ 241.72	\$ 610.07
HOSP INPATIENT TOTAL	2	7		10,194.58		1456.37	.333	5097.29	485.46
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7		10,194.58		1456.37	.333	5097.29	485.46
ACCOMMODATIONS	2	7		3,887.44		555.35	.333	1943.72	185.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	7		3,887.44		555.35	.333	1943.72	185.12
ANCILLARIES	2	0		6,307.14		.00	.000	3153.57	300.34
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	52	81		2,616.81		32.31	3.857	50.32	124.61
MEDICAL	2	2		108.11		54.06	.095	54.06	5.15
SURGERY	1	1		18.99		18.99	.048	18.99	.90
PATHOLOGY	5	22		251.05		11.41	1.048	50.21	11.95
RADIOLOGY	2	2		92.69		46.35	.095	46.35	4.41
ROOM USE	7	7		249.16		35.59	.333	35.59	11.86

CROSSOVERS/ALL OTH OUTPTNT	45	47		1,896.81		40.36	2.238	42.15	90.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,235
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	88	\$	12,811.39	\$ 145.58	4.190	\$ 241.72	\$ 610.07
COMM HOSP INPATIENT TOTAL	2	7		10,194.58	1456.37	.333	5097.29	485.46
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7		10,194.58	1456.37	.333	5097.29	485.46
ACCOMMODATIONS	2	7		3,887.44	555.35	.333	1943.72	185.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7		3,887.44	555.35	.333	1943.72	185.12
ANCILLARIES	2	0		6,307.14	.00	.000	3153.57	300.34
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	52	81		2,616.81	32.31	3.857	50.32	124.61
MEDICAL	2	2		108.11	54.06	.095	54.06	5.15
SURGERY	1	1		18.99	18.99	.048	18.99	.90
PATHOLOGY	5	22		251.05	11.41	1.048	50.21	11.95
RADIOLOGY	2	2		92.69	46.35	.095	46.35	4.41
ROOM USE	7	7		249.16	35.59	.333	35.59	11.86
CROSSOVERS/ALL OTH OUTPTNT	45	47		1,896.81	40.36	2.238	42.15	90.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	3	9	\$	179.48	\$	19.94	.429	\$	59.83	
PATHOLOGY	3	9		179.48		19.94	.429		59.83	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	31	64	\$	3,168.55	\$	49.51	3.048	\$	102.21	
CLINIC	2	18		447.75		24.88	.857		223.88	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	29	46		2,720.80		59.15	2.190		93.82	
#CALIF DEPT OF HEALTH SERV									MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,236
MOP024									FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY									SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

	21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	44		79	\$ 3,939.96	\$ 49.87	3.762	\$ 89.54	\$ 187.62
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1		25	215.92	8.64	1.190	215.92	10.28
AMBULANCES/AIR TRANS	1		25	215.92	8.64	1.190	215.92	10.28
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34		34	3,570.00	105.00	1.619	105.00	170.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	9		20	154.04	7.70	.952	17.12	7.34
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,237
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	61	\$ 5,677.11	\$ 93.07	.000	\$ 189.24	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	22	41	\$ 5,270.42	\$ 128.55	.000	\$ 239.56	\$.00
PRESCRIPTION DRUGS	22	41	5,270.42	128.55	.000	239.56	.00
SNF/ICF	14	28	4,198.19	149.94	.000	299.87	.00
OUTPATIENTS	8	13	1,072.23	82.48	.000	134.03	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	6	13	\$ 157.00	\$ 12.08	.000	\$ 26.17	\$.00
VISITS - DIAGNOSTIC	3	10	157.00	15.70	.000	52.33	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SOLANO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

						AID CODE 53		----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
ROOM USE	0	0	.00	.00	.000	.00	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00		
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00		
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00		

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	59.57	\$	59.57	.000	\$ 59.57	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		59.57		59.57	.000	59.57	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,240
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								
	AID CODE 53								

			----- MONTHLY AVERAGE -----						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	2	6	\$ 190.12	\$ 31.69	.000	\$ 95.06	\$.00		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	1	4	135.18	33.80	.000	135.18	.00		
AMBULANCES/AIR TRANS	1	4	135.18	33.80	.000	135.18	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	1	2	54.94	27.47	.000	54.94	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00		

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,241

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,242
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,243
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,244
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,245
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	30	61	\$ 5,677.11	\$ 93.07	.000	\$ 189.24	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	22	41	\$ 5,270.42	\$ 128.55	.000	\$ 239.56	\$.00
PRESCRIPTION DRUGS	22	41	5,270.42	128.55	.000	239.56	.00
SNF/ICF	14	28	4,198.19	149.94	.000	299.87	.00
OUTPATIENTS	8	13	1,072.23	82.48	.000	134.03	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	6	13	\$ 157.00	\$ 12.08	.000	\$ 26.17	\$.00
VISITS - DIAGNOSTIC	3	10	157.00	15.70	.000	52.33	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,246
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,247
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	59.57	\$ 59.57	.000	\$ 59.57	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		59.57	59.57	.000	59.57	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,248
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 190.12	\$ 31.69	.000	\$ 95.06	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	135.18	33.80	.000	135.18	.00
AMBULANCES/AIR TRANS	1	4	135.18	33.80	.000	135.18	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	54.94	27.47	.000	54.94	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,249
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,250	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
SOLANO COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,251
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,252
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	214	605	\$ 56,260.47	\$ 92.99	28.810	\$ 262.90	\$ 2679.07
@PHYSICIANS SERVICES	12	46	\$ 2,625.45	\$ 57.08	2.190	\$ 218.79	\$ 125.02
OUTPATIENT VISITS	4	11	490.91	44.63	.524	122.73	23.38
OFFICE VISITS	1	1	37.50	37.50	.048	37.50	1.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	216.16	108.08	.095	108.08	10.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	8	237.25	29.66	.381	118.63	11.30
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	107.58	53.79	.095	53.79	5.12
HOSPITAL VISITS	2	2	107.58	53.79	.095	53.79	5.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	9	1,243.16	138.13	.429	621.58	59.20
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.048	1088.56	51.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	154.60	19.33	.381	154.60	7.36
OUTPATIENT SURGERY	2	3	360.61	120.20	.143	180.31	17.17
PRINCIPAL SURGEON	2	2	312.16	156.08	.095	156.08	14.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	48.45	48.45	.048	48.45	2.31
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	86.21	14.37	.286	21.55	4.11
RADIOLOGY	3	4	212.24	53.06	.190	70.75	10.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	7	54.50	7.79	.333	27.25	2.60
OTHER SERVICES/ALL X-OVERS	4	4	70.24	17.56	.190	17.56	3.34
@PHARMACY	59	134	\$ 27,057.68	\$ 201.92	6.381	\$ 458.60	\$ 1288.46
PRESCRIPTION DRUGS	58	129	26,763.58	207.47	6.143	461.44	1274.46
SNF/ICF	14	28	4,198.19	149.94	1.333	299.87	199.91
OUTPATIENTS	44	101	22,565.39	223.42	4.810	512.85	1074.54
MEDICAL SUPPLIES	2	5	294.10	58.82	.238	147.05	14.00
@DENTIST	36	163	\$ 5,800.00	\$ 35.58	7.762	\$ 161.11	\$ 276.19
VISITS - DIAGNOSTIC	26	97	1,509.00	15.56	4.619	58.04	71.86
ORAL SURGERY	5	10	963.00	96.30	.476	192.60	45.86
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.048	100.00	4.76
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.048	330.00	15.71
RESTORATIVE DENTISTRY	12	51	2,898.00	56.82	2.429	241.50	138.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	.00	.00	.143	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

SOLANO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.095	\$ 104.99	\$ 5.00
NURSE ANESTHESIST	2	13	\$ 323.28	\$ 24.87	.619	\$ 161.64	\$ 15.39
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	88	\$ 12,811.39	\$ 145.58	4.190	\$ 241.72	\$ 610.07
HOSP INPATIENT TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	10,194.58	1456.37	.333	5097.29	485.46
ACCOMMODATIONS	2	7	3,887.44	555.35	.333	1943.72	185.12
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	3,887.44	555.35	.333	1943.72	185.12
ANCILLARIES	2	0	6,307.14	.00	.000	3153.57	300.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	52	81	2,616.81	32.31	3.857	50.32	124.61
MEDICAL	2	2	108.11	54.06	.095	54.06	5.15
SURGERY	1	1	18.99	18.99	.048	18.99	.90
PATHOLOGY	5	22	251.05	11.41	1.048	50.21	11.95
RADIOLOGY	2	2	92.69	46.35	.095	46.35	4.41
ROOM USE	7	7	249.16	35.59	.333	35.59	11.86
CROSSOVERS/ALL OTH OUTPTNT	45	47	1,896.81	40.36	2.238	42.15	90.32
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,255
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

	21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	88	\$	12,811.39	\$ 145.58	4.190	\$ 241.72	\$ 610.07
COMM HOSP INPATIENT TOTAL	2	7		10,194.58	1456.37	.333	5097.29	485.46
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7		10,194.58	1456.37	.333	5097.29	485.46
ACCOMMODATIONS	2	7		3,887.44	555.35	.333	1943.72	185.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7		3,887.44	555.35	.333	1943.72	185.12
ANCILLARIES	2	0		6,307.14	.00	.000	3153.57	300.34
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	52	81		2,616.81	32.31	3.857	50.32	124.61
MEDICAL	2	2		108.11	54.06	.095	54.06	5.15
SURGERY	1	1		18.99	18.99	.048	18.99	.90
PATHOLOGY	5	22		251.05	11.41	1.048	50.21	11.95
RADIOLOGY	2	2		92.69	46.35	.095	46.35	4.41
ROOM USE	7	7		249.16	35.59	.333	35.59	11.86
CROSSOVERS/ALL OTH OUTPTNT	45	47		1,896.81	40.36	2.238	42.15	90.32
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	9	\$	179.48	\$	19.94	\$	59.83
PATHOLOGY	3	9		179.48		19.94		59.83
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	32	65	\$	3,228.12	\$	49.66	\$	100.88
CLINIC	2	18		447.75		24.88		223.88
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	47		2,780.37		59.16		92.68
#CALIF DEPT OF HEALTH SERV								
MPO24								
SOLANO COUNTY								

132.40

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

PAGE 15,256
03/14/05

	21 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	46	85	\$	4,130.08	\$ 48.59	4.048	\$ 89.78	\$ 196.67
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	29		351.10	12.11	1.381	175.55	16.72
AMBULANCES/AIR TRANS	2	29		351.10	12.11	1.381	175.55	16.72
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	34	34		3,570.00	105.00	1.619	105.00	170.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9	20		154.04	7.70	.952	17.12	7.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		54.94	27.47	.095	54.94	2.62
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,257
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL AGED

322 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,416	48,707	\$ 1,707,253.37	\$ 35.05	151.264	\$ 266.09	\$ 5302.03
@PHYSICIANS SERVICES	53	143	\$ 2,335.98	\$ 16.34	.444	\$ 44.08	\$ 7.25
OUTPATIENT VISITS	18	23	769.70	33.47	.071	42.76	2.39
OFFICE VISITS	17	22	725.10	32.96	.068	42.65	2.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.003	44.60	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	13.70	13.70	.003	13.70	.04
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.003	13.70	.04
OPHTHALMOLOGICAL SERVICES	3	3	114.15	38.05	.009	38.05	.35
EXAMINATIONS	3	3	114.15	38.05	.009	38.05	.35
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	204.95	102.48	.006	204.95	.64
PRINCIPAL SURGEON	1	2	204.95	102.48	.006	204.95	.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	100.79	25.20	.012	33.60	.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	110	1,132.69	10.30	.342	31.46	3.52
@PHARMACY	1,459	9,048	\$ 322,683.85	\$ 35.66	28.099	\$ 221.17	\$ 1002.12
PRESCRIPTION DRUGS	1,320	2,631	313,758.45	119.25	8.171	237.70	974.41
SNF/ICF	565	1,339	155,646.77	116.24	4.158	275.48	483.38
OUTPATIENTS	764	1,292	158,111.68	122.38	4.012	206.95	491.03
MEDICAL SUPPLIES	151	6,417	8,925.40	1.39	19.929	59.11	27.72
@DENTIST	2,324	9,281	\$ 439,820.13	\$ 47.39	28.823	\$ 189.25	\$ 1365.90
VISITS - DIAGNOSTIC	1,541	5,986	70,749.73	11.82	18.590	45.91	219.72
ORAL SURGERY	345	1,065	51,160.15	48.04	3.307	148.29	158.88
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	9	9	800.00	88.89	.028	88.89	2.48
PERIODONTICS	108	113	8,900.75	78.77	.351	82.41	27.64
ENDODONTICS	46	63	12,107.00	192.17	.196	263.20	37.60
RESTORATIVE DENTISTRY	312	668	45,130.50	67.56	2.075	144.65	140.16
PROSTHETICS	22	24	882.00	36.75	.075	40.09	2.74
DENTURES, STAYPLATES	585	1,324	250,090.00	188.89	4.112	427.50	776.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	42	29	.00	.00	.090	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,258
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL AGED

322 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	16	\$ 300.25	\$ 18.77	.050	\$ 60.05	\$.93
DIAGNOSTIC AND ANC. PROCED	1	1	45.00	45.00	.003	45.00	.14
EYE APPLIANCES	5	15	255.25	17.02	.047	51.05	.79
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	15	24	\$ 24.02	\$ 1.00	.075	\$ 1.60	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	24	24.02	1.00	.075	1.60	.07
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	45	\$ 18,838.78	\$ 418.64	.140	\$ 1108.16	\$ 58.51
HOSP INPATIENT TOTAL	5	11	17,981.16	1634.65	.034	3596.23	55.84
HSC HOSPITALS	1	1	1,352.28	1352.28	.003	1352.28	4.20
NON-HSC HOSPITAL TOTAL	2	10	18,344.88	1834.49	.031	9172.44	56.97
ACCOMMODATIONS	2	10	8,016.73	801.67	.031	4008.37	24.90
ADMINISTRATIVE DAYS	1	6	1,340.48	223.41	.019	1340.48	4.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4	6,676.25	1669.06	.012	3338.13	20.73
ANCILLARIES	2	0	10,328.15	.00	.000	5164.08	32.08
INPATIENT CROSSOVERS	2	0	1,716.00CR	.00	.000	858.00CR	5.33CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	34	857.62	25.22	.106	71.47	2.66
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	4	155.55	38.89	.012	51.85	.48
ROOM USE	3	3	116.75	38.92	.009	38.92	.36
CROSSOVERS/ALL OTH OUTPTNT	9	27	585.32	21.68	.084	65.04	1.82
@COUNTY HOSPITAL TOTAL	1	1	\$ 214.23	\$ 214.23	.003	\$ 214.23	\$.67
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	1	214.23	214.23	.003	214.23	.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	214.23	214.23	.003	214.23	.67

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,259
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL AGED

	322 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	44	\$	18,624.55	\$ 423.29	.137	\$ 1164.03	\$ 57.84
COMM HOSP INPATIENT TOTAL	5	11		17,981.16	1634.65	.034	3596.23	55.84
HSC HOSPITALS	1	1		1,352.28	1352.28	.003	1352.28	4.20
NON-HSC HOSPITALS TOTAL	2	10		18,344.88	1834.49	.031	9172.44	56.97
ACCOMMODATIONS	2	10		8,016.73	801.67	.031	4008.37	24.90
ADMINISTRATIVE DAYS	1	6		1,340.48	223.41	.019	1340.48	4.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		6,676.25	1669.06	.012	3338.13	20.73
ANCILLARIES	2	0		10,328.15	.00	.000	5164.08	32.08
INPATIENT CROSSOVERS	2	0		1,716.00CR	.00	.000	858.00CR	5.33CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	33		643.39	19.50	.102	58.49	2.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	4		155.55	38.89	.012	51.85	.48
ROOM USE	3	3		116.75	38.92	.009	38.92	.36
CROSSOVERS/ALL OTH OUTPTNT	8	26		371.09	14.27	.081	46.39	1.15
@STATE HOSPITAL	8	229	\$	137,085.12	\$ 598.62	.711	\$ 17135.64	\$ 425.73

MENTALLY ILL	8	229		137,085.12		598.62	.711	17135.64	425.73
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	69	2,275	\$	244,267.10	\$	107.37	7.065	\$ 3540.10	\$ 758.59
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	69	2,275		244,267.10		107.37	7.065	3540.10	758.59
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	9	\$	3,165.23	\$	351.69	.028	\$ 452.18	\$ 9.83
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	9		3,165.23		351.69	.028	452.18	9.83
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	16	\$	177.55	\$	11.10	.050	\$ 88.78	\$.55
PATHOLOGY	2	16		177.55		11.10	.050	88.78	.55
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	502	1,243	\$	54,485.31	\$	43.83	3.860	\$ 108.54	\$ 169.21
CLINIC	30	565		10,864.95		19.23	1.755	362.17	33.74
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	472	678		43,620.36		64.34	2.106	92.42	135.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,260
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL AGED

						----- MONTHLY AVERAGE -----		
322 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	2,363	26,378	\$ 484,070.05	\$ 18.35	81.919	\$ 204.85	\$ 1503.32	
DURABLE MED. EQUIP.	8	159	3,378.12	21.25	.494	422.27	10.49	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	2	54.79	27.40	.006	54.79	.17	
MEDICAL TRANSPORTATION	3	532	1,084.00	2.04	1.652	361.33	3.37	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	3	532	1,084.00	2.04	1.652	361.33	3.37	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	70	963	67,064.70	69.64	2.991	958.07	208.28	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,134	3,702	373,296.10	100.84	11.497	329.19	1159.30	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,125	2,411	29,749.59	12.34	7.488	26.44	92.39	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	2	6	289.18	48.20	.019	144.59	.90	
HOSPICE SERVICES	2	43	3,715.49	86.41	.134	1857.75	11.54	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	2	7	72.80	10.40	.022	36.40	.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	68	18,553	5,365.28	.29	57.618	78.90	16.66
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	63	163	\$ 13,257.32	\$ 81.33	.506	\$ 210.43	\$ 41.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,261
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	307	8,391	\$ 101,261.86	\$ 12.07	645.462	\$ 329.84	\$ 7789.37
@PHYSICIANS SERVICES	4	7	\$ 985.55	\$ 140.79	.538	\$ 246.39	\$ 75.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	960.69	480.35	.154	960.69	73.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	24.86	4.97	.385	8.29	1.91
@PHARMACY	84	239	\$ 27,364.39	\$ 114.50	18.385	\$ 325.77	\$ 2104.95
PRESCRIPTION DRUGS	71	126	26,181.76	207.79	9.692	368.76	2013.98
SNF/ICF	1	5	216.30	43.26	.385	216.30	16.64
OUTPATIENTS	70	121	25,965.46	214.59	9.308	370.94	1997.34
MEDICAL SUPPLIES	13	113	1,182.63	10.47	8.692	90.97	90.97
@DENTIST	91	403	\$ 15,965.75	\$ 39.62	31.000	\$ 175.45	\$ 1228.13
VISITS - DIAGNOSTIC	63	255	3,177.75	12.46	19.615	50.44	244.44
ORAL SURGERY	9	43	1,665.00	38.72	3.308	185.00	128.08
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	200.00	100.00	.154	100.00	15.38

PERIODONTICS	3	3	291.00	97.00	.231	97.00	22.38
ENDODONTICS	4	5	1,190.00	238.00	.385	297.50	91.54
RESTORATIVE DENTISTRY	19	59	3,917.00	66.39	4.538	206.16	301.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	32	5,525.00	172.66	2.462	325.00	425.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.308	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,262
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,263
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	8	\$ 76.76	\$ 9.60	.615	\$ 38.38	\$ 5.90
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	76.76	9.60	.615	38.38	5.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	8	76.76	9.60	.615	38.38	5.90
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	61	\$ 7,295.60	\$ 119.60	4.692	\$ 7295.60	\$ 561.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	61	7,295.60	119.60	4.692	7295.60	561.20
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	44	56	\$	3,841.53	\$	68.60	4.308	\$ 87.31
CLINIC	1	1		14.18		14.18	.077	14.18
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	43	55		3,827.35		69.59	4.231	89.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,264
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND							

13 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	96	7,617	\$ 45,732.28	\$ 6.00	585.923	\$ 476.38	\$ 3517.87
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	26	121	13,342.86	110.27	9.308	513.19	1026.37
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	494.86	11.25	3.385	26.05	38.07
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47	7,258	26,136.06	3.60	558.308	556.09	2010.47
EPSDT SUPPLEMENTAL SERVICE	2	191	5,617.31	29.41	14.692	2808.66	432.10
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	141.19	47.06	.231	70.60	10.86
@CALIF. CHILDREN SERVICES*	1	2	\$ 960.69	\$ 480.35	.154	\$ 960.69	\$ 73.90
@XOVER EXCLUDING STATE HOSP**	4	7	\$ 158.56	\$ 22.65	.538	\$ 39.64	\$ 12.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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SOLANO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

					----- MONTHLY AVERAGE -----			
1,261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	24,293	198,599	\$ 10,723,490.32	\$ 54.00	157.493	\$ 441.42	\$ 8503.96	
@PHYSICIANS SERVICES	310	989	\$ 34,992.85	\$ 35.38	.784	\$ 112.88	\$ 27.75	
OUTPATIENT VISITS	107	130	6,327.60	48.67	.103	59.14	5.02	
OFFICE VISITS	48	52	1,600.11	30.77	.041	33.34	1.27	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	53	62	4,030.33	65.01	.049	76.04	3.20	
PREVENTIVE CARE	1	1	49.90	49.90	.001	49.90	.04	
OB VISITS/COMPRE PERI	2	4	241.92	60.48	.003	120.96	.19	
OTHER OUTPATIENT	9	11	405.34	36.85	.009	45.04	.32	
INPATIENT VISITS	37	118	4,543.50	38.50	.094	122.80	3.60	
HOSPITAL VISITS	27	100	3,817.76	38.18	.079	141.40	3.03	
CRITICAL CARE	3	4	324.04	81.01	.003	108.01	.26	
SNF/ICF/TRANS IP CARE	10	14	401.70	28.69	.011	40.17	.32	
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.001	57.79	.05	
EXAMINATIONS	1	1	57.79	57.79	.001	57.79	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	11	55	4,487.13	81.58	.044	407.92	3.56	
PRINCIPAL SURGEON	4	12	3,274.97	272.91	.010	818.74	2.60	
ASSISTANT SURGEON	2	2	108.25	54.13	.002	54.13	.09	
ANESTHESIOLOGIST	6	41	1,103.91	26.92	.033	183.99	.88	
OUTPATIENT SURGERY	19	35	3,019.78	86.28	.028	158.94	2.39	
PRINCIPAL SURGEON	16	20	2,486.36	124.32	.016	155.40	1.97	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	3	15	533.42	35.56	.012	177.81	.42	
DIALYSIS	2	14	441.10	31.51	.011	220.55	.35	
PATHOLOGY	37	265	1,655.53	6.25	.210	44.74	1.31	
RADIOLOGY	62	130	6,472.98	49.79	.103	104.40	5.13	
PSYCHIATRY	2	2	60.54	30.27	.002	30.27	.05	
IMMUNIZATION AND INJECTION	5	6	1,857.97	309.66	.005	371.59	1.47	
OTHER SERVICES/ALL X-OVERS	127	233	6,068.93	26.05	.185	47.79	4.81	
@PHARMACY	13,868	46,125	\$ 6,892,344.52	\$ 149.43	36.578	\$ 497.00	\$ 5465.78	
PRESCRIPTION DRUGS	13,706	29,306	6,866,796.36	234.31	23.240	501.01	5445.52	
SNF/ICF	830	2,967	438,826.05	147.90	2.353	528.71	348.00	
OUTPATIENTS	12,922	26,339	6,427,970.31	244.05	20.887	497.44	5097.52	

MEDICAL SUPPLIES	206	16,819		25,548.16		1.52	13.338	124.02	20.26
@DENTIST	5,809	28,312	\$	911,486.31	\$	32.19	22.452	\$ 156.91	\$ 722.83
VISITS - DIAGNOSTIC	4,180	18,998		225,360.91		11.86	15.066	53.91	178.72
ORAL SURGERY	904	2,662		132,000.05		49.59	2.111	146.02	104.68
DRUGS	32	49		670.00		13.67	.039	20.94	.53
ANESTHESIA	39	40		3,600.00		90.00	.032	92.31	2.85
PERIODONTICS	346	363		38,534.70		106.16	.288	111.37	30.56
ENDODONTICS	211	296		66,071.00		223.21	.235	313.13	52.40
RESTORATIVE DENTISTRY	1,378	3,601		199,490.40		55.40	2.856	144.77	158.20
PROSTHETICS	51	53		1,402.50		26.46	.042	27.50	1.11
DENTURES, STAYPLATES	626	2,064		237,014.75		114.83	1.637	378.62	187.96
SPACE MAINTAINERS	3	4		462.00		115.50	.003	154.00	.37
MAXILLOFACIAL SERVICES	5	7		400.00		57.14	.006	80.00	.32
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	66	84		6,255.00		74.46	.067	94.77	4.96
ALL OTHER SERVICES	104	91		225.00		2.47	.072	2.16	.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,266	
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SOLANO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

----- MONTHLY AVERAGE -----									
1,261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	24	79	\$ 1,745.39	\$ 22.09	.063	\$ 72.72	\$ 1.38		
DIAGNOSTIC AND ANC. PROCED	15	16	695.73	43.48	.013	46.38	.55		
EYE APPLIANCES	23	62	980.76	15.82	.049	42.64	.78		
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.001	68.90	.05		
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	10	33	\$ 198.82	\$ 6.02	.026	\$ 19.88	\$.16		
MEDICINE/INJECTIONS	2	2	81.20	40.60	.002	40.60	.06		
SURGERY/ANES.	1	1	11.00	11.00	.001	11.00	.01		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	8	30	106.62	3.55	.024	13.33	.08		
@HOME HEALTH AGENCY	7	46	\$ 3,279.63	\$ 71.30	.036	\$ 468.52	\$ 2.60		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	221	1,275	\$ 606,550.89	\$ 475.73	1.011	\$ 2744.57	\$ 481.01		
HOSP INPATIENT TOTAL	39	240	576,522.48	2402.18	.190	14782.63	457.19		
HSC HOSPITALS	9	42	57,972.00	1380.29	.033	6441.33	45.97		
NON-HSC HOSPITAL TOTAL	28	198	516,762.48	2609.91	.157	18455.80	409.80		
ACCOMMODATIONS	28	198	134,063.56	677.09	.157	4787.98	106.32		
ADMINISTRATIVE DAYS	1	11	2,544.30	231.30	.009	2544.30	2.02		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	27	187	131,519.26	703.31	.148	4871.08	104.30		
ANCILLARIES	28	0	382,698.92	.00	.000	13667.82	303.49		
INPATIENT CROSSOVERS	3	0	1,788.00	.00	.000	596.00	1.42		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	185	1,035	30,028.41	29.01	.821	162.32	23.81		
MEDICAL	33	54	2,456.25	45.49	.043	74.43	1.95		
SURGERY	16	18	403.04	22.39	.014	25.19	.32		
PATHOLOGY	52	269	2,589.52	9.63	.213	49.80	2.05		
RADIOLOGY	44	52	6,216.50	119.55	.041	141.28	4.93		
ROOM USE	89	124	5,337.11	43.04	.098	59.97	4.23		

CROSSOVERS/ALL OTH OUTPTNT	114	518		13,025.99	25.15	.411	114.26	10.33
@COUNTY HOSPITAL TOTAL	11	43	\$	20,379.77	\$ 473.95	.034	\$ 1852.71	\$ 16.16
CO HOSPITAL INPATIENT TOTAL	3	18		19,905.00	1105.83	.014	6635.00	15.79
HSC HOSPITALS	3	18		19,905.00	1105.83	.014	6635.00	15.79
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	25		474.77	18.99	.020	59.35	.38
MEDICAL	1	1		46.06	46.06	.001	46.06	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	15		190.66	12.71	.012	47.67	.15
RADIOLOGY	1	2		41.22	20.61	.002	41.22	.03
ROOM USE	4	5		184.94	36.99	.004	46.24	.15
CROSSOVERS/ALL OTH OUTPTNT	2	2		11.89	5.95	.002	5.95	.01

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SOLANO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	1,261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	210	1,232	\$	586,171.12	\$ 475.79	.977	\$ 2791.29	\$ 464.85
COMM HOSP INPATIENT TOTAL	36	222		556,617.48	2507.29	.176	15461.60	441.41
HSC HOSPITALS	6	24		38,067.00	1586.13	.019	6344.50	30.19
NON-HSC HOSPITALS TOTAL	28	198		516,762.48	2609.91	.157	18455.80	409.80
ACCOMMODATIONS	28	198		134,063.56	677.09	.157	4787.98	106.32
ADMINISTRATIVE DAYS	1	11		2,544.30	231.30	.009	2544.30	2.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	187		131,519.26	703.31	.148	4871.08	104.30
ANCILLARIES	28	0		382,698.92	.00	.000	13667.82	303.49
INPATIENT CROSSOVERS	3	0		1,788.00	.00	.000	596.00	1.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	177	1,010		29,553.64	29.26	.801	166.97	23.44
MEDICAL	32	53		2,410.19	45.48	.042	75.32	1.91
SURGERY	16	18		403.04	22.39	.014	25.19	.32
PATHOLOGY	48	254		2,398.86	9.44	.201	49.98	1.90
RADIOLOGY	43	50		6,175.28	123.51	.040	143.61	4.90
ROOM USE	85	119		5,152.17	43.30	.094	60.61	4.09
CROSSOVERS/ALL OTH OUTPTNT	112	516		13,014.10	25.22	.409	116.20	10.32
@STATE HOSPITAL	41	1,342	\$	684,100.84	\$ 509.76	1.064	\$ 16685.39	\$ 542.51
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	41	1,342		684,100.84	509.76	1.064	16685.39	542.51
@NURSING FACILITY	51	1,870	\$	348,844.84	\$ 186.55	1.483	\$ 6840.09	\$ 276.64
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	241		131,116.87	544.05	.191	21852.81	103.98
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	45	1,629		217,727.97	133.66	1.292	4838.40	172.66
@INTERMEDIATE CARE FACIL.-DD	4	183	\$	18,596.23	\$ 101.62	.145	\$ 4649.06	\$ 14.75
ICF DDH	2	153		12,972.61	84.79	.121	6486.31	10.29
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	2	30		5,623.62		187.45	.024	2811.81		4.46
@HEMODIALYSIS TOTAL	17	74	\$	11,876.09	\$	160.49	.059	\$ 698.59	\$	9.42
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	17	74		11,876.09		160.49	.059	698.59		9.42
@REHABILITATION FACILITY	3	13	\$	312.77	\$	24.06	.010	\$ 104.26	\$	.25
HOSPITAL BASED	1	1		52.62		52.62	.001	52.62		.04
INDEPENDENT FACILITY	2	12		260.15		21.68	.010	130.08		.21
@LABORATORY FACILITY	68	330	\$	4,935.41	\$	14.96	.262	\$ 72.58	\$	3.91
PATHOLOGY	67	320		4,833.21		15.10	.254	72.14		3.83
XO AND OTHERS	1	10		102.20		10.22	.008	102.20		.08
@ORGANIZED OUTPATIENT CLINIC	1,575	2,371	\$	173,369.40	\$	73.12	1.880	\$ 110.08	\$	137.49
CLINIC	35	84		2,840.47		33.82	.067	81.16		2.25
SURGICENTER	1	4		410.12		102.53	.003	410.12		.33
HEROIN DETOX CLINIC	1	6		91.01		15.17	.005	91.01		.07
RURAL HEALTH CLINIC	1,540	2,277		170,027.80		74.67	1.806	110.41		134.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									PAGE 15,268
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED									

						----- MONTHLY AVERAGE -----		
1,261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	4,467	115,557	\$ 1,030,856.33	\$ 8.92	91.639	\$ 230.77	\$ 817.49	
DURABLE MED. EQUIP.	12	36	7,405.17	205.70	.029	617.10	5.87	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	41	520	5,484.14	10.55	.412	133.76	4.35	
AMBULANCES/AIR TRANS	34	251	4,483.93	17.86	.199	131.88	3.56	
OTHER TRANS	9	269	1,000.21	3.72	.213	111.13	.79	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	24	254	17,683.76	69.62	.201	736.82	14.02	
GENETIC DISEASE TESTING	23	23	2,415.00	105.00	.018	105.00	1.92	
IHMC,MODEL-NF,NF,AIDS,MSSP	626	17,249	641,729.06	37.20	13.679	1025.13	508.90	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1,671	3,580	38,709.89	10.81	2.839	23.17	30.70	
PHYSICAL THERAPIST	1	1	1.87	1.87	.001	1.87	.00	
PORTABLE X-RAY	2	8	238.61	29.83	.006	119.31	.19	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.002	99.19	.08	
HOSPICE SERVICES	1	27	2,680.49	99.28	.021	2680.49	2.13	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1,991	25,769	292,208.80	11.34	20.435	146.76	231.73	
EPSDT SUPPLEMENTAL SERVICE	3	47	1,257.27	26.75	.037	419.09	1.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	111	68,041	20,943.08	.31	53.958	188.68	16.61	
@CALIF. CHILDREN SERVICES*	43	904	\$ 32,436.81	\$ 35.88	.717	\$ 754.34	\$ 25.72	
@XOVER EXCLUDING STATE HOSP**	127	1,045	\$ 29,526.51	\$ 28.26	.829	\$ 232.49	\$ 23.42	

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 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,269
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SOLANO COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

45,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	44,295	185,862	\$ 8,203,134.62	\$ 44.14	4.103	\$ 185.19	\$ 181.08
@PHYSICIANS SERVICES	2,819	8,649	\$ 441,894.02	\$ 51.09	.191	\$ 156.76	\$ 9.75
OUTPATIENT VISITS	1,368	2,196	124,258.51	56.58	.048	90.83	2.74
OFFICE VISITS	188	215	12,642.42	58.80	.005	67.25	.28
HOME VISITS	4	5	201.17	40.23	.000	50.29	.00
EMERGENCY ROOM	598	655	40,646.23	62.06	.014	67.97	.90
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	587	1,299	70,143.32	54.00	.029	119.49	1.55
OTHER OUTPATIENT	21	21	559.59	26.65	.000	26.65	.01
INPATIENT VISITS	330	794	44,469.32	56.01	.018	134.76	.98
HOSPITAL VISITS	317	666	29,693.55	44.58	.015	93.67	.66
CRITICAL CARE	16	128	14,775.77	115.44	.003	923.49	.33
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	65.02	32.51	.000	32.51	.00
EXAMINATIONS	2	2	65.02	32.51	.000	32.51	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	412	1,672	188,641.83	112.82	.037	457.87	4.16
PRINCIPAL SURGEON	251	253	149,762.30	591.95	.006	596.66	3.31
ASSISTANT SURGEON	40	39	6,811.54	174.65	.001	170.29	.15
ANESTHESIOLOGIST	151	1,380	32,067.99	23.24	.030	212.37	.71
OUTPATIENT SURGERY	178	352	21,199.56	60.23	.008	119.10	.47
PRINCIPAL SURGEON	166	210	18,601.04	88.58	.005	112.05	.41
ASSISTANT SURGEON	2	2	130.70	65.35	.000	65.35	.00
ANESTHESIOLOGIST	17	140	2,467.82	17.63	.003	145.17	.05
DIALYSIS	3	3	506.68	168.89	.000	168.89	.01
PATHOLOGY	376	2,159	6,751.98	3.13	.048	17.96	.15
RADIOLOGY	789	1,199	45,598.99	38.03	.026	57.79	1.01
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00

IMMUNIZATION AND INJECTION	16	30		670.77		22.36	.001	41.92	.01
OTHER SERVICES/ALL X-OVERS	212	241		9,708.14		40.28	.005	45.79	.21
@PHARMACY	3,491	7,202	\$	595,384.07	\$	82.67	.159	\$ 170.55	\$ 13.14
PRESCRIPTION DRUGS	3,394	5,969		573,759.23		96.12	.132	169.05	12.67
SNF/ICF	2	2		130.28		65.14	.000	65.14	.00
OUTPATIENTS	3,392	5,967		573,628.95		96.13	.132	169.11	12.66
MEDICAL SUPPLIES	204	1,233		21,624.84		17.54	.027	106.00	.48
@DENTIST	20,002	103,271	\$	2,652,079.47	\$	25.68	2.280	\$ 132.59	\$ 58.54
VISITS - DIAGNOSTIC	15,524	74,744		1,036,031.53		13.86	1.650	66.74	22.87
ORAL SURGERY	2,531	5,044		272,334.79		53.99	.111	107.60	6.01
DRUGS	636	726		16,002.93		22.04	.016	25.16	.35
ANESTHESIA	76	77		7,500.00		97.40	.002	98.68	.17
PERIODONTICS	437	447		43,115.20		96.45	.010	98.66	.95
ENDODONTICS	1,286	1,955		268,893.07		137.54	.043	209.09	5.94
RESTORATIVE DENTISTRY	6,491	17,695		834,599.10		47.17	.391	128.58	18.42
PROSTHETICS	56	59		1,719.50		29.14	.001	30.71	.04
DENTURES, STAYPLATES	254	1,068		101,618.35		95.15	.024	400.07	2.24
SPACE MAINTAINERS	116	154		15,668.00		101.74	.003	135.07	.35
MAXILLOFACIAL SERVICES	19	19		810.00		42.63	.000	42.63	.02
FRACTURES, DISLOCATIONS	2	3		2,500.00		833.33	.000	1250.00	.06
ORTHODONTIC SERVICES	637	798		49,937.00		62.58	.018	78.39	1.10
ALL OTHER SERVICES	358	482		1,350.00		2.80	.011	3.77	.03
#CALIF DEPT OF HEALTH SERV									
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004									
MOP024 FEE-FOR-SERVICE/DENTAL									
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES									
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45,302 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	31	90	\$	2,113.71	\$ 23.49	.002	\$ 68.18	\$.05
DIAGNOSTIC AND ANC. PROCED	27	29		1,232.07	42.49	.001	45.63	.03
EYE APPLIANCES	19	59		846.23	14.34	.001	44.54	.02
OTHER OPTOMETRIC SERVICES	1	2		35.41	17.71	.000	35.41	.00
@CHIROPRACTOR	3	5	\$	83.60	\$ 16.72	.000	\$ 27.87	\$.00
VISITS	3	5		83.60	16.72	.000	27.87	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	62.41	\$ 62.41	.000	\$ 62.41	\$.00
MEDICINE/INJECTIONS	1	1		62.41	62.41	.000	62.41	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	5	\$	284.84	\$ 56.97	.000	\$ 94.95	\$.01
NURSE ANESTHESIST	35	362	\$	7,796.64	\$ 21.54	.008	\$ 222.76	\$.17
NURSE MIDWIFE	5	50	\$	1,372.93	\$ 27.46	.001	\$ 274.59	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,269	16,361	\$	3,280,528.22	\$ 200.51	.361	\$ 1003.53	\$ 72.41
HOSP INPATIENT TOTAL	401	1,608		2,885,372.44	1794.39	.035	7195.44	63.69
HSC HOSPITALS	21	59		85,717.13	1452.83	.001	4081.77	1.89
NON-HSC HOSPITAL TOTAL	381	1,549		2,799,655.31	1807.40	.034	7348.18	61.80
ACCOMMODATIONS	379	1,549		1,012,053.43	653.36	.034	2670.33	22.34
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	379	1,549		1,012,053.43	653.36	.034	2670.33	22.34
ANCILLARIES	381	0		1,787,601.88	.00	.000	4691.87	39.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	3,089	14,753	395,155.78	26.78	.326	127.92	8.72
MEDICAL	248	315	10,217.58	32.44	.007	41.20	.23
SURGERY	129	161	4,702.58	29.21	.004	36.45	.10
PATHOLOGY	867	3,169	32,170.90	10.15	.070	37.11	.71
RADIOLOGY	679	882	57,057.80	64.69	.019	84.03	1.26
ROOM USE	1,728	2,515	90,625.05	36.03	.056	52.45	2.00
CROSSOVERS/ALL OTH OUTPTNT	2,206	7,711	200,381.87	25.99	.170	90.83	4.42
@COUNTY HOSPITAL TOTAL	27	125	\$ 6,584.48	\$ 52.68	.003	\$ 243.87	\$.15
CO HOSPITAL INPATIENT TOTAL	1	2	2,700.01	1350.01	.000	2700.01	.06
HSC HOSPITALS	1	2	2,700.01	1350.01	.000	2700.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	26	123	3,884.47	31.58	.003	149.40	.09
MEDICAL	8	9	337.01	37.45	.000	42.13	.01
SURGERY	3	5	275.01	55.00	.000	91.67	.01
PATHOLOGY	11	57	776.61	13.62	.001	70.60	.02
RADIOLOGY	6	9	383.05	42.56	.000	63.84	.01
ROOM USE	16	22	959.60	43.62	.000	59.98	.02
CROSSOVERS/ALL OTH OUTPTNT	11	21	1,153.19	54.91	.000	104.84	.03

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
45,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,245	16,236	\$ 3,273,943.74	\$ 201.65	.358	\$ 1008.92	\$ 72.27	
COMM HOSP INPATIENT TOTAL	400	1,606	2,882,672.43	1794.94	.035	7206.68	63.63	
HSC HOSPITALS	20	57	83,017.12	1456.44	.001	4150.86	1.83	
NON-HSC HOSPITALS TOTAL	381	1,549	2,799,655.31	1807.40	.034	7348.18	61.80	
ACCOMMODATIONS	379	1,549	1,012,053.43	653.36	.034	2670.33	22.34	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	379	1,549	1,012,053.43	653.36	.034	2670.33	22.34	
ANCILLARIES	381	0	1,787,601.88	.00	.000	4691.87	39.46	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,065	14,630	391,271.31	26.74	.323	127.66	8.64	
MEDICAL	240	306	9,880.57	32.29	.007	41.17	.22	
SURGERY	126	156	4,427.57	28.38	.003	35.14	.10	
PATHOLOGY	857	3,112	31,394.29	10.09	.069	36.63	.69	
RADIOLOGY	673	873	56,674.75	64.92	.019	84.21	1.25	
ROOM USE	1,713	2,493	89,665.45	35.97	.055	52.34	1.98	
CROSSOVERS/ALL OTH OUTPTNT	2,197	7,690	199,228.68	25.91	.170	90.68	4.40	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	171	\$ 5,522.61	\$ 32.30	.004	\$ 1380.65	\$.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	171	5,522.61	32.30	.004	1380.65	.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,514	3,914	\$ 60,324.47	\$ 15.41	.086	\$ 39.84	\$ 1.33
PATHOLOGY	1,514	3,914	60,324.47	15.41	.086	39.84	1.33
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7,933	15,244	\$ 748,007.47	\$ 49.07	.336	\$ 94.29	\$ 16.51
CLINIC	848	5,700	131,200.51	23.02	.126	154.72	2.90
SURGICENTER	1	1	21.66	21.66	.000	21.66	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7,088	9,543	616,785.30	64.63	.211	87.02	13.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,272
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

	45,302 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10,378	30,537	\$	407,680.16	\$ 13.35	.674	\$ 39.28	\$ 9.00
DURABLE MED. EQUIP.	2	2		223.74	111.87	.000	111.87	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	110	1,030		18,932.03	18.38	.023	172.11	.42
AMBULANCES/AIR TRANS	109	1,027		15,322.15	14.92	.023	140.57	.34
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	3	3		3,609.88	1203.29	.000	1203.29	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	163		11,341.54	69.58	.004	1260.17	.25
GENETIC DISEASE TESTING	435	438		45,942.00	104.89	.010	105.61	1.01
IHMC,MODEL-NF,NF,AIDS,MSSP	12	52		5,713.40	109.87	.001	476.12	.13
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,870	6,053		53,416.19	8.82	.134	18.61	1.18
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	9	11		1,222.30	111.12	.000	135.81	.03
PROSTHETICS	9	11		1,222.30	111.12	.000	135.81	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		141.95	47.32	.000	141.95	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,979	22,780		270,136.70	11.86	.503	38.71	5.96
EPSDT SUPPLEMENTAL SERVICE	4	2		472.50	236.25	.000	118.13	.01
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		137.81	45.94	.000	68.91	.00
@CALIF. CHILDREN SERVICES*	65	385	\$	244,547.26	\$ 635.19	.008	\$ 3762.27	\$ 5.40

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,273
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	8,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,788	88,047	\$	937,774.51	\$ 10.65	10.645	\$ 195.86	\$ 113.38
@PHYSICIANS SERVICES	511	949	\$	44,766.82	\$ 47.17	.115	\$ 87.61	\$ 5.41
OUTPATIENT VISITS	350	402		17,756.98	44.17	.049	50.73	2.15
OFFICE VISITS	160	185		6,687.22	36.15	.022	41.80	.81
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	181	194		10,411.29	53.67	.023	57.52	1.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	8		237.25	29.66	.001	118.63	.03
OTHER OUTPATIENT	11	15		421.22	28.08	.002	38.29	.05
INPATIENT VISITS	35	154		12,334.08	80.09	.019	352.40	1.49
HOSPITAL VISITS	30	110		5,939.97	54.00	.013	198.00	.72
CRITICAL CARE	8	44		6,394.11	145.32	.005	799.26	.77
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9		469.54	52.17	.001	52.17	.06
EXAMINATIONS	9	9		469.54	52.17	.001	52.17	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	18		2,753.05	152.95	.002	458.84	.33
PRINCIPAL SURGEON	4	5		2,477.82	495.56	.001	619.46	.30
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13		275.23	21.17	.002	137.62	.03
OUTPATIENT SURGERY	35	70		4,763.10	68.04	.008	136.09	.58
PRINCIPAL SURGEON	30	34		3,626.95	106.68	.004	120.90	.44
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	36		1,136.15	31.56	.004	142.02	.14
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	30	92		472.82	5.14	.011	15.76	.06
RADIOLOGY	92	107		2,002.21	18.71	.013	21.76	.24
PSYCHIATRY	5	20		1,111.09	55.55	.002	222.22	.13
IMMUNIZATION AND INJECTION	4	10		73.05	7.31	.001	18.26	.01
OTHER SERVICES/ALL X-OVERS	50	67		3,030.90	45.24	.008	60.62	.37
@PHARMACY	1,041	3,036	\$	143,139.85	\$ 47.15	.367	\$ 137.50	\$ 17.31
PRESCRIPTION DRUGS	1,031	1,724		137,464.66	79.74	.208	133.33	16.62
SNF/ICF	14	28		4,198.19	149.94	.003	299.87	.51
OUTPATIENTS	1,017	1,696		133,266.47	78.58	.205	131.04	16.11
MEDICAL SUPPLIES	46	1,312		5,675.19	4.33	.159	123.37	.69
@DENTIST	724	4,417	\$	115,131.05	\$ 26.07	.534	\$ 159.02	\$ 13.92
VISITS - DIAGNOSTIC	573	3,179		46,016.05	14.48	.384	80.31	5.56
ORAL SURGERY	74	174		13,590.00	78.10	.021	183.65	1.64
DRUGS	28	32		700.00	21.88	.004	25.00	.08
ANESTHESIA	5	5		500.00	100.00	.001	100.00	.06
PERIODONTICS	4	4		472.00	118.00	.000	118.00	.06
ENDODONTICS	47	87		10,400.00	119.54	.011	221.28	1.26
RESTORATIVE DENTISTRY	261	872		40,742.00	46.72	.105	156.10	4.93
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	4	7		219.00	31.29	.001	54.75	.03
SPACE MAINTAINERS	3	4		462.00	115.50	.000	154.00	.06

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	29	1,800.00	62.07	.004	81.82	.22
ALL OTHER SERVICES	13	22	150.00	6.82	.003	11.54	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,274
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

8,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	35	65	\$ 1,841.90	\$ 28.34	.008 \$ 52.63 \$.22
DIAGNOSTIC AND ANC. PROCED	31	32	1,333.97	41.69	.004 43.03 .16
EYE APPLIANCES	18	33	507.93	15.39	.004 28.22 .06
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	17	1,624	\$ 36,829.32	\$ 22.68	.196 \$ 2166.43 \$ 4.45
NURSE ANESTHESIST	2	13	\$ 323.28	\$ 24.87	.002 \$ 161.64 \$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	437	1,318	\$ 236,829.14	\$ 179.69	.159 \$ 541.94 \$ 28.63
HOSP INPATIENT TOTAL	32	118	199,998.74	1694.90	.014 6249.96 24.18
HSC HOSPITALS	14	67	124,436.00	1857.25	.008 8888.29 15.04
NON-HSC HOSPITAL TOTAL	18	51	75,562.74	1481.62	.006 4197.93 9.14
ACCOMMODATIONS	18	51	33,785.70	662.46	.006 1876.98 4.08

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	51	33,785.70	662.46	.006	1876.98	4.08
ANCILLARIES	18	0	41,777.04	.00	.000	2320.95	5.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	412	1,200	36,830.40	30.69	.145	89.39	4.45
MEDICAL	52	81	5,274.85	65.12	.010	101.44	.64
SURGERY	25	29	1,149.26	39.63	.004	45.97	.14
PATHOLOGY	88	341	3,989.61	11.70	.041	45.34	.48
RADIOLOGY	99	113	5,610.48	49.65	.014	56.67	.68
ROOM USE	278	322	12,887.17	40.02	.039	46.36	1.56
CROSSOVERS/ALL OTH OUTPTNT	222	314	7,919.03	25.22	.038	35.67	.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,275
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	8,271 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	437	1,318	\$	236,829.14	\$ 179.69	.159	\$ 541.94	\$ 28.63
COMM HOSP INPATIENT TOTAL	32	118		199,998.74	1694.90	.014	6249.96	24.18
HSC HOSPITALS	14	67		124,436.00	1857.25	.008	8888.29	15.04
NON-HSC HOSPITALS TOTAL	18	51		75,562.74	1481.62	.006	4197.93	9.14
ACCOMMODATIONS	18	51		33,785.70	662.46	.006	1876.98	4.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	51		33,785.70	662.46	.006	1876.98	4.08
ANCILLARIES	18	0		41,777.04	.00	.000	2320.95	5.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	412	1,200		36,830.40	30.69	.145	89.39	4.45
MEDICAL	52	81		5,274.85	65.12	.010	101.44	.64
SURGERY	25	29		1,149.26	39.63	.004	45.97	.14
PATHOLOGY	88	341		3,989.61	11.70	.041	45.34	.48
RADIOLOGY	99	113		5,610.48	49.65	.014	56.67	.68
ROOM USE	278	322		12,887.17	40.02	.039	46.36	1.56
CROSSOVERS/ALL OTH OUTPTNT	222	314		7,919.03	25.22	.038	35.67	.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	59	\$ 734.23	\$ 12.44	.007	\$ 244.74	\$.09
HOSPITAL BASED	2	58	713.04	12.29	.007	356.52	.09
INDEPENDENT FACILITY	1	1	21.19	21.19	.000	21.19	.00
@LABORATORY FACILITY	309	462	\$ 5,637.78	\$ 12.20	.056	\$ 18.25	\$.68
PATHOLOGY	309	462	5,637.78	12.20	.056	18.25	.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,136	3,181	\$ 246,803.76	\$ 77.59	.385	\$ 115.54	\$ 29.84
CLINIC	253	865	17,864.54	20.65	.105	70.61	2.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,883	2,316	228,939.22	98.85	.280	121.58	27.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,276
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
8,271 ELIGIBLES						
@ALL OTHER PROVIDERS	308	72,923	\$ 105,737.38	\$ 1.45	8.817	\$ 343.30 \$ 12.78
DURABLE MED. EQUIP.	6	6	617.84	102.97	.001	102.97 .07
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	20	385	6,574.10	17.08	.047	328.71 .79
AMBULANCES/AIR TRANS	20	383	3,499.10	9.14	.046	174.96 .42
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	2	2	3,075.00	1537.50	.000	1537.50 .37
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	59	59	6,195.00	105.00	.007	105.00 .75
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	110	241	1,965.86	8.16	.029	17.87 .24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00 .00
PORTABLE X-RAY	1	2	54.94	27.47	.000	54.94 .01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00 .00
PROSTHETICS	0	0	.00	.00	.000	.00 .00
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00 .00
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00

LOCAL EDUCATION AGENCIES	77	460	3,759.25	8.17	.056	48.82	.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	71,770	86,570.39	1.21	8.677	2404.73	10.47
@CALIF. CHILDREN SERVICES*	66	70,416	\$ 182,584.02	\$ 2.59	8.514	\$ 2766.42	\$ 22.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,277
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	57	\$ 4,149.85	\$ 72.80	11.400	\$ 592.84	\$ 829.97
@PHYSICIANS SERVICES	3	4	\$ 270.76	\$ 67.69	.800	\$ 90.25	\$ 54.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	270.76	67.69	.800	90.25	54.15
@PHARMACY	2	9	\$ 1,158.79	\$ 128.75	1.800	\$ 579.40	\$ 231.76
PRESCRIPTION DRUGS	2	9	1,158.79	128.75	1.800	579.40	231.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	9	1,158.79	128.75	1.800	579.40	231.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,278
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,279
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	44	\$	2,720.30	\$	61.83	8.800	\$ 1360.15	\$ 544.06
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	44		2,720.30		61.83	8.800	1360.15	544.06
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	8	\$ 580.66	\$ 72.58	1.600	\$ 145.17	\$ 116.13

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,281

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,282
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,283
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 15,285
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.000	\$.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$.00	\$.000	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,288
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	286	680	\$ 73,229.79	\$ 107.69	16.585	\$ 256.05	\$ 1786.09
@PHYSICIANS SERVICES	10	44	\$ 2,166.65	\$ 49.24	1.073	\$ 216.67	\$ 52.85
OUTPATIENT VISITS	3	4	262.88	65.72	.098	87.63	6.41
OFFICE VISITS	1	1	18.10	18.10	.024	18.10	.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	244.78	81.59	.073	81.59	5.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	19	942.90	49.63	.463	471.45	23.00
HOSPITAL VISITS	2	17	699.70	41.16	.415	349.85	17.07
CRITICAL CARE	1	2	243.20	121.60	.049	243.20	5.93
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	224.12	224.12	.024	224.12	5.47
PRINCIPAL SURGEON	1	1	224.12	224.12	.024	224.12	5.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	434.47	434.47	.024	434.47	10.60
PRINCIPAL SURGEON	1	1	434.47	434.47	.024	434.47	10.60

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	14		68.45	4.89	.341	22.82	1.67
RADIOLOGY	1	1		37.73	37.73	.024	37.73	.92
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		196.10	49.03	.098	65.37	4.78
@PHARMACY	30	70	\$	10,363.97	\$ 148.06	1.707	\$ 345.47	\$ 252.78
PRESCRIPTION DRUGS	28	64		10,128.45	158.26	1.561	361.73	247.04
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	28	64		10,128.45	158.26	1.561	361.73	247.04
MEDICAL SUPPLIES	2	6		235.52	39.25	.146	117.76	5.74
@DENTIST	25	110	\$	727.00	\$ 6.61	2.683	\$ 29.08	\$ 17.73
VISITS - DIAGNOSTIC	20	88		346.00	3.93	2.146	17.30	8.44
ORAL SURGERY	3	4		381.00	95.25	.098	127.00	9.29
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		.00	.00	.024	.00	.00
RESTORATIVE DENTISTRY	7	16		.00	.00	.390	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		.00	.00	.024	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
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41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	84	191	\$ 42,218.74	\$ 221.04	4.659	\$ 502.60	\$ 1029.73
HOSP INPATIENT TOTAL	3	15	36,402.04	2426.80	.366	12134.01	887.85
HSC HOSPITALS	1	8	12,000.00	1500.00	.195	12000.00	292.68
NON-HSC HOSPITAL TOTAL	2	7	24,402.04	3486.01	.171	12201.02	595.17
ACCOMMODATIONS	2	7	7,976.00	1139.43	.171	3988.00	194.54

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	7,976.00	1139.43	.171	3988.00	194.54
ANCILLARIES	2	0	16,426.04	.00	.000	8213.02	400.64
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	176	5,816.70	33.05	4.293	71.81	141.87
MEDICAL	2	2	47.20	23.60	.049	23.60	1.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	37	317.47	8.58	.902	45.35	7.74
RADIOLOGY	4	5	305.81	61.16	.122	76.45	7.46
ROOM USE	8	12	448.08	37.34	.293	56.01	10.93
CROSSOVERS/ALL OTH OUTPTNT	76	120	4,698.14	39.15	2.927	61.82	114.59
@COUNTY HOSPITAL TOTAL	1	1	\$ 46.54	\$ 46.54	.024	\$ 46.54	\$ 1.14
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	46.54	46.54	.024	46.54	1.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	46.54	46.54	.024	46.54	1.14

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41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	190	\$ 42,172.20	\$ 221.96	4.634	\$ 508.10	\$ 1028.59
COMM HOSP INPATIENT TOTAL	3	15	36,402.04	2426.80	.366	12134.01	887.85
HSC HOSPITALS	1	8	12,000.00	1500.00	.195	12000.00	292.68
NON-HSC HOSPITALS TOTAL	2	7	24,402.04	3486.01	.171	12201.02	595.17
ACCOMMODATIONS	2	7	7,976.00	1139.43	.171	3988.00	194.54
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	7,976.00	1139.43	.171	3988.00	194.54
ANCILLARIES	2	0	16,426.04	.00	.000	8213.02	400.64
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	80	175	5,770.16	32.97	4.268	72.13	140.74
MEDICAL	2	2	47.20	23.60	.049	23.60	1.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	37	317.47	8.58	.902	45.35	7.74
RADIOLOGY	4	5	305.81	61.16	.122	76.45	7.46
ROOM USE	8	12	448.08	37.34	.293	56.01	10.93
CROSSOVERS/ALL OTH OUTPTNT	75	119	4,651.60	39.09	2.902	62.02	113.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	17	\$	392.20	\$	23.07	.415	\$	65.37
PATHOLOGY	6	17		392.20		23.07	.415		65.37
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	81	182	\$	10,431.23	\$	57.31	4.439	\$	128.78
CLINIC	1	15		361.91		24.13	.366		361.91
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	80	167		10,069.32		60.30	4.073		125.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
SOLANO COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

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03/14/05

41 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	66	66	\$ 6,930.00	\$ 105.00	1.610	\$ 105.00	\$ 169.02
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	66	66	6,930.00	105.00	1.610	105.00	169.02
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	21	\$ 12,000.00	\$ 571.43	.512	\$ 12000.00	\$ 292.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,293
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,295
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,297
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	221	\$ 24,723.28	\$ 111.87	44.200	\$ 772.60	\$ 4944.66
@PHYSICIANS SERVICES	16	87	\$ 6,462.02	\$ 74.28	17.400	\$ 403.88	\$ 1292.40
OUTPATIENT VISITS	8	9	523.58	58.18	1.800	65.45	104.72
OFFICE VISITS	5	6	326.30	54.38	1.200	65.26	65.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	197.28	65.76	.600	65.76	39.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	31	1,106.68	35.70	6.200	553.34	221.34
HOSPITAL VISITS	2	30	1,015.48	33.85	6.000	507.74	203.10
CRITICAL CARE	1	1	91.20	91.20	.200	91.20	18.24
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	17	1,845.41	108.55	3.400	1845.41	369.08
PRINCIPAL SURGEON	1	1	1,520.10	1520.10	.200	1520.10	304.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	16	325.31	20.33	3.200	325.31	65.06
OUTPATIENT SURGERY	3	7	659.33	94.19	1.400	219.78	131.87
PRINCIPAL SURGEON	2	3	565.32	188.44	.600	282.66	113.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.800	94.01	18.80
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	9.88	4.94	.400	4.94	1.98
RADIOLOGY	8	19	2,294.45	120.76	3.800	286.81	458.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	22.69	11.35	.400	22.69	4.54
@PHARMACY	9	36	\$ 3,375.49	\$ 93.76	7.200	\$ 375.05	\$ 675.10
PRESCRIPTION DRUGS	9	36	3,375.49	93.76	7.200	375.05	675.10
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	36	3,375.49	93.76	7.200	375.05	675.10

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	4	15	\$	290.00	\$ 19.33	3.000	\$ 72.50	\$ 58.00
VISITS - DIAGNOSTIC	2	10		146.00	14.60	2.000	73.00	29.20
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5		144.00	28.80	1.000	144.00	28.80
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,298	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P	

	05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	67	\$	13,797.20	\$ 205.93	13.400	\$ 1724.65	\$ 2759.44
HOSP INPATIENT TOTAL	1	6		10,254.00	1709.00	1.200	10254.00	2050.80
HSC HOSPITALS	1	6		10,254.00	1709.00	1.200	10254.00	2050.80
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	61		3,543.20	58.09	12.200	442.90	708.64
MEDICAL	3	5		364.02	72.80	1.000	121.34	72.80
SURGERY	1	1		33.95	33.95	.200	33.95	6.79
PATHOLOGY	6	34		464.75	13.67	6.800	77.46	92.95
RADIOLOGY	4	13		2,388.91	183.76	2.600	597.23	477.78
ROOM USE	3	4		233.44	58.36	.800	77.81	46.69

CROSSOVERS/ALL OTH OUTPTNT	2	4		58.13	14.53	.800	29.07	11.63
@COUNTY HOSPITAL TOTAL	1	3	\$	102.28	\$ 34.09	.600	\$ 102.28	\$ 20.46
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		102.28	34.09	.600	102.28	20.46
MEDICAL	1	1		22.72	22.72	.200	22.72	4.54
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		42.25	42.25	.200	42.25	8.45
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		37.31	37.31	.200	37.31	7.46
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,299
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	64	\$	13,694.92	\$ 213.98	12.800	\$ 1956.42	\$ 2738.98
COMM HOSP INPATIENT TOTAL	1	6		10,254.00	1709.00	1.200	10254.00	2050.80
HSC HOSPITALS	1	6		10,254.00	1709.00	1.200	10254.00	2050.80
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	58	3,440.92	59.33	11.600	491.56	688.18
MEDICAL	2	4	341.30	85.33	.800	170.65	68.26
SURGERY	1	1	33.95	33.95	.200	33.95	6.79
PATHOLOGY	5	33	422.50	12.80	6.600	84.50	84.50
RADIOLOGY	4	13	2,388.91	183.76	2.600	597.23	477.78
ROOM USE	2	3	196.13	65.38	.600	98.07	39.23
CROSSOVERS/ALL OTH OUTPTNT	2	4	58.13	14.53	.800	29.07	11.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	5	\$ 384.61	\$ 76.92	1.000	\$ 96.15	\$ 76.92
PATHOLOGY	4	5	384.61	76.92	1.000	96.15	76.92
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 236.53	\$ 78.84	.600	\$ 118.27	\$ 47.31
CLINIC	1	2	177.53	88.77	.400	177.53	35.51
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	59.00	59.00	.200	59.00	11.80

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,300
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	8	\$ 177.43	\$ 22.18	1.600	\$ 44.36	\$ 35.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	78.24	13.04	1.200	26.08	15.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.400	99.19	19.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

PAGE 15,301
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$	.00	.000	\$	.00	.00
@PHYSICIANS SERVICES	0	0	\$	.00	.000	\$	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY							
	AID CODES OR OT OU OV							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,303
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,304
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,305
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	221	\$ 24,723.28	\$ 111.87	44.200	\$ 772.60	\$ 4944.66
@PHYSICIANS SERVICES	16	87	\$ 6,462.02	\$ 74.28	17.400	\$ 403.88	\$ 1292.40
OUTPATIENT VISITS	8	9	523.58	58.18	1.800	65.45	104.72
OFFICE VISITS	5	6	326.30	54.38	1.200	65.26	65.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	197.28	65.76	.600	65.76	39.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	31	1,106.68	35.70	6.200	553.34	221.34
HOSPITAL VISITS	2	30	1,015.48	33.85	6.000	507.74	203.10
CRITICAL CARE	1	1	91.20	91.20	.200	91.20	18.24
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	17	1,845.41	108.55	3.400	1845.41	369.08
PRINCIPAL SURGEON	1	1	1,520.10	1520.10	.200	1520.10	304.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	16	325.31	20.33	3.200	325.31	65.06
OUTPATIENT SURGERY	3	7	659.33	94.19	1.400	219.78	131.87
PRINCIPAL SURGEON	2	3	565.32	188.44	.600	282.66	113.06

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.800	94.01	18.80
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	9.88	4.94	.400	4.94	1.98
RADIOLOGY	8	19	2,294.45	120.76	3.800	286.81	458.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	22.69	11.35	.400	22.69	4.54
@PHARMACY	9	36	\$ 3,375.49	\$ 93.76	7.200	\$ 375.05	\$ 675.10
PRESCRIPTION DRUGS	9	36	3,375.49	93.76	7.200	375.05	675.10
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	9	36	3,375.49	93.76	7.200	375.05	675.10
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	15	\$ 290.00	\$ 19.33	3.000	\$ 72.50	\$ 58.00
VISITS - DIAGNOSTIC	2	10	146.00	14.60	2.000	73.00	29.20
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	5	144.00	28.80	1.000	144.00	28.80
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,306
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	67	\$ 13,797.20	\$ 205.93	13.400	\$ 1724.65	\$ 2759.44
HOSP INPATIENT TOTAL	1	6	10,254.00	1709.00	1.200	10254.00	2050.80
HSC HOSPITALS	1	6	10,254.00	1709.00	1.200	10254.00	2050.80
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	61	3,543.20	58.09	12.200	442.90	708.64
MEDICAL	3	5	364.02	72.80	1.000	121.34	72.80
SURGERY	1	1	33.95	33.95	.200	33.95	6.79
PATHOLOGY	6	34	464.75	13.67	6.800	77.46	92.95
RADIOLOGY	4	13	2,388.91	183.76	2.600	597.23	477.78
ROOM USE	3	4	233.44	58.36	.800	77.81	46.69
CROSSOVERS/ALL OTH OUTPTNT	2	4	58.13	14.53	.800	29.07	11.63
@COUNTY HOSPITAL TOTAL	1	3	\$ 102.28	\$ 34.09	.600	\$ 102.28	\$ 20.46
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	102.28	34.09	.600	102.28	20.46
MEDICAL	1	1	22.72	22.72	.200	22.72	4.54
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	42.25	42.25	.200	42.25	8.45
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	37.31	37.31	.200	37.31	7.46
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,307
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	64	\$ 13,694.92	\$ 213.98	12.800	\$ 1956.42	\$ 2738.98
COMM HOSP INPATIENT TOTAL	1	6	10,254.00	1709.00	1.200	10254.00	2050.80
HSC HOSPITALS	1	6	10,254.00	1709.00	1.200	10254.00	2050.80
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	58	3,440.92	59.33	11.600	491.56	688.18
MEDICAL	2	4	341.30	85.33	.800	170.65	68.26
SURGERY	1	1	33.95	33.95	.200	33.95	6.79
PATHOLOGY	5	33	422.50	12.80	6.600	84.50	84.50
RADIOLOGY	4	13	2,388.91	183.76	2.600	597.23	477.78
ROOM USE	2	3	196.13	65.38	.600	98.07	39.23
CROSSOVERS/ALL OTH OUTPTNT	2	4	58.13	14.53	.800	29.07	11.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	5	\$	384.61	\$	76.92	1.000	\$	96.15
PATHOLOGY	4	5		384.61		76.92	1.000		96.15
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	236.53	\$	78.84	.600	\$	118.27
CLINIC	1	2		177.53		88.77	.400		177.53
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1	1		59.00		59.00	.200		59.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
SOLANO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

PAGE 15,308
03/14/05

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	8	\$ 177.43	\$ 22.18	1.600	\$ 44.36	\$ 35.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	78.24	13.04	1.200	26.08	15.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.400	99.19	19.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,309
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	291	7,557	\$ 164,994.13	\$ 21.83	25.792	\$ 566.99	\$ 563.12
@PHYSICIANS SERVICES	22	43	\$ 1,510.35	\$ 35.12	.147	\$ 68.65	\$ 5.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	43		1,510.35	35.12	.147	68.65	5.15
@PHARMACY	8	148	\$	329.58	\$ 2.23	.505	\$ 41.20	\$ 1.12
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	8	148		329.58	2.23	.505	41.20	1.12
@DENTIST	1	7	\$	.00	\$.00	.024	\$.00	\$.00
VISITS - DIAGNOSTIC	1	6		.00	.00	.020	.00	.00
ORAL SURGERY	1	1		.00	.00	.003	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,310
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	2 \$	47.45	\$ 23.73	.007	\$ 47.45	\$.16	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	1	2	47.45	23.73	.007	47.45	.16	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	4 \$	44.60	\$ 11.15	.014	\$ 14.87	\$.15	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	3	4	44.60	11.15	.014	14.87	.15	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	205	145	\$	154,198.52	\$	1063.44	.495	\$	752.19	\$	526.27
HOSP INPATIENT TOTAL	184	0		149,963.01		.00	.000		815.02		511.82
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	184	0		149,963.01		.00	.000		815.02		511.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	145		4,235.51		29.21	.495		184.15		14.46
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	23	145		4,235.51		29.21	.495		184.15		14.46
@COUNTY HOSPITAL TOTAL	2	6	\$	34.36	\$	5.73	.020	\$	17.18	\$	.12
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	6		34.36		5.73	.020		17.18		.12
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		34.36		5.73	.020		17.18		.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,311
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	203	139	\$ 154,164.16	\$ 1109.09	.474	\$ 759.43	\$ 526.16
COMM HOSP INPATIENT TOTAL	184	0	149,963.01	.00	.000	815.02	511.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	184	0	149,963.01	.00	.000	815.02	511.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	139	4,201.15	30.22	.474	200.05	14.34
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	21	139	4,201.15	30.22	.474	200.05	14.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	11	14	\$ 6,533.05	\$ 466.65	.048	\$ 593.91	\$ 22.30
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	11	14	6,533.05	466.65	.048	593.91	22.30
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,312
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

293 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	43	7,194	\$ 2,330.58	\$.32	24.553 \$ 54.20 \$ 7.95
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	43	7,194	2,330.58	.32	24.553	54.20	7.95
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	\$.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	290	7,550	\$ 164,994.13	\$ 21.85	25.768	\$ 568.95	\$ 563.12

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 15,313

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY

SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	624	1,965	\$ 57,846.69	\$ 29.44	1.946	\$ 92.70	\$ 57.27
@PHYSICIANS SERVICES	13	17	\$ 557.92	\$ 32.82	.017	\$ 42.92	\$.55
OUTPATIENT VISITS	6	6	291.35	48.56	.006	48.56	.29
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	291.35	48.56	.006	48.56	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	92.02	92.02	.001	92.02	.09
PRINCIPAL SURGEON	1	1	92.02	92.02	.001	92.02	.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.70	.70	.001	.70	.00
RADIOLOGY	8	9	173.85	19.32	.009	21.73	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	8	10	\$ 254.15	\$ 25.42	.010	\$ 31.77	\$.25
PRESCRIPTION DRUGS	8	10	254.15	25.42	.010	31.77	.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	8	10	254.15	25.42	.010	31.77	.25

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	265	1,278	\$	32,379.20	\$ 25.34	1.265	\$ 122.19	\$ 32.06
VISITS - DIAGNOSTIC	229	887		12,608.45	14.21	.878	55.06	12.48
ORAL SURGERY	16	24		1,038.75	43.28	.024	64.92	1.03
DRUGS	33	38		850.00	22.37	.038	25.76	.84
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	32	73		5,112.00	70.03	.072	159.75	5.06
RESTORATIVE DENTISTRY	86	240		12,197.00	50.82	.238	141.83	12.08
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	5		573.00	114.60	.005	191.00	.57
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	11		.00	.00	.011	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,314	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
SOLANO COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P	

1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$	.00
@TOTAL HOSPITAL	13	31	\$	978.22	31.56	.031	\$	75.25
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00
ANCILLARIES	0	0		.00	.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00
HOSP OUTPATIENT TOTAL	13	31		978.22	31.56	.031		75.25
MEDICAL	2	2		25.32	12.66	.002		12.66
SURGERY	2	2		38.85	19.43	.002		19.43
PATHOLOGY	0	0		.00	.00	.000		.00
RADIOLOGY	5	5		286.40	57.28	.005		57.28
ROOM USE	10	11		436.65	39.70	.011		43.67
CROSSOVERS/ALL OTH OUTPTNT	7	11		191.00	17.36	.011		27.29
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00
ANCILLARIES	0	0		.00	.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00
MEDICAL	0	0		.00	.00	.000		.00
SURGERY	0	0		.00	.00	.000		.00
PATHOLOGY	0	0		.00	.00	.000		.00
RADIOLOGY	0	0		.00	.00	.000		.00
ROOM USE	0	0		.00	.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,315
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	31	\$	978.22	\$ 31.56	.031	\$ 75.25	\$.97
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	31	978.22	31.56	.031	75.25	.97
MEDICAL	2	2	25.32	12.66	.002	12.66	.03
SURGERY	2	2	38.85	19.43	.002	19.43	.04
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	286.40	57.28	.005	57.28	.28
ROOM USE	10	11	436.65	39.70	.011	43.67	.43
CROSSOVERS/ALL OTH OUTPTNT	7	11	191.00	17.36	.011	27.29	.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	8	\$ 88.94	\$ 11.12	.008	\$ 12.71	\$.09
PATHOLOGY	7	8	88.94	11.12	.008	12.71	.09
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	253	379	\$ 20,617.03	\$ 54.40	.375	\$ 81.49	\$ 20.41
CLINIC	3	51	1,049.50	20.58	.050	349.83	1.04
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	250	328	19,567.53	59.66	.325	78.27	19.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,316
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	1,010 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73	242	\$	2,971.23	\$ 12.28	.240	\$ 40.70	\$ 2.94
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	6		154.80	25.80	.006	154.80	.15
AMBULANCES/AIR TRANS	1	6		154.80	25.80	.006	154.80	.15
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	126.61	7.91	.016	15.83	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	220	2,689.82	12.23	.218	42.03	2.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,317
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	883	3,535	\$ 71,893.64	\$ 20.34	3.162	\$ 81.42	\$ 64.31
@PHYSICIANS SERVICES	8	12	\$ 431.86	\$ 35.99	.011	\$ 53.98	\$.39
OUTPATIENT VISITS	5	5	280.23	56.05	.004	56.05	.25
OFFICE VISITS	1	1	75.17	75.17	.001	75.17	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	205.06	51.27	.004	51.27	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	2.59	1.30	.002	2.59	.00
RADIOLOGY	3	5	149.04	29.81	.004	49.68	.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	26	38	\$ 5,119.59	\$ 134.73	.034	\$ 196.91	\$ 4.58
PRESCRIPTION DRUGS	25	36	5,111.55	141.99	.032	204.46	4.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	25	36	5,111.55	141.99	.032	204.46	4.57
MEDICAL SUPPLIES	1	2	8.04	4.02	.002	8.04	.01
@DENTIST	423	2,308	\$ 46,997.14	\$ 20.36	2.064	\$ 111.10	\$ 42.04
VISITS - DIAGNOSTIC	342	1,852	25,333.35	13.68	1.657	74.07	22.66
ORAL SURGERY	39	60	3,131.00	52.18	.054	80.28	2.80
DRUGS	13	14	325.00	23.21	.013	25.00	.29
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.18
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.05
ENDODONTICS	15	22	1,595.95	72.54	.020	106.40	1.43
RESTORATIVE DENTISTRY	136	324	13,605.84	41.99	.290	100.04	12.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	6	6	791.00	131.83	.005	131.83	.71
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.001	50.00	.04
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	24	26	1,835.00	70.58	.023	76.46	1.64
ALL OTHER SERVICES	7	0	75.00	.00	.000	10.71	.07
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,318 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SOLANO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T							

1,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	86	\$ 2,317.77	\$ 26.95	.077	\$ 144.86	\$ 2.07
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	16	86	2,317.77	26.95	.077	144.86	2.07
MEDICAL	3	4	76.51	19.13	.004	25.50	.07
SURGERY	1	1	17.21	17.21	.001	17.21	.02
PATHOLOGY	7	30	293.10	9.77	.027	41.87	.26
RADIOLOGY	5	9	760.62	84.51	.008	152.12	.68
ROOM USE	12	16	589.90	36.87	.014	49.16	.53
CROSSOVERS/ALL OTH OUTPTNT	9	26	580.43	22.32	.023	64.49	.52
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,319
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
1,118 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	86	2,317.77	\$ 26.95	.077	\$ 144.86	\$ 2.07

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	86		2,317.77	26.95	.077	144.86	2.07
MEDICAL	3	4		76.51	19.13	.004	25.50	.07
SURGERY	1	1		17.21	17.21	.001	17.21	.02
PATHOLOGY	7	30		293.10	9.77	.027	41.87	.26
RADIOLOGY	5	9		760.62	84.51	.008	152.12	.68
ROOM USE	12	16		589.90	36.87	.014	49.16	.53
CROSSOVERS/ALL OTH OUTPTNT	9	26		580.43	22.32	.023	64.49	.52
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	12	\$	127.22	10.60	.011	31.81	.11
PATHOLOGY	4	12		127.22	10.60	.011	31.81	.11
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	68	78	\$	5,408.07	69.33	.070	79.53	4.84
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	68	78		5,408.07	69.33	.070	79.53	4.84

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,320
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,118 ELIGIBLES							
@ALL OTHER PROVIDERS	351	1,001	\$ 11,491.99	\$ 11.48	.895	\$ 32.74	\$ 10.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.19
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	127	1,041.62	8.20	.114	17.36	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	291	872	10,240.37	11.74	.780	35.19	9.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,321
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,092	23,546	\$ 750,896.98	\$ 31.89	.000	\$ 183.50	\$.00
@PHYSICIANS SERVICES	385	528	\$ 23,969.11	\$ 45.40	.000	\$ 62.26	\$.00
OUTPATIENT VISITS	84	147	7,755.54	52.76	.000	92.33	.00
OFFICE VISITS	18	21	330.48	15.74	.000	18.36	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	68	126	7,425.06	58.93	.000	109.19	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5	450.07	90.01	.000	150.02	.00
PRINCIPAL SURGEON	2	2	337.30	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	112.77	37.59	.000	112.77	.00
OUTPATIENT SURGERY	19	38	1,842.20	48.48	.000	96.96	.00
PRINCIPAL SURGEON	15	25	1,360.92	54.44	.000	90.73	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	13	481.28	37.02	.000	96.26	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	25	27	76.86	2.85	.000	3.07	.00
RADIOLOGY	284	308	13,826.44	44.89	.000	48.68	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	18.00	6.00	.000	9.00	.00
@PHARMACY	332	449	\$ 10,396.36	\$ 23.15	.000	\$ 31.31	\$.00
PRESCRIPTION DRUGS	319	422	8,692.50	20.60	.000	27.25	.00
SNF/ICF	1	1	68.46	68.46	.000	68.46	.00
OUTPATIENTS	318	421	8,624.04	20.48	.000	27.12	.00
MEDICAL SUPPLIES	14	27	1,703.86	63.11	.000	121.70	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,322
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	\$ 75.29	\$ 25.10	.000	\$ 75.29	\$.00
NURSE MIDWIFE	1	5	\$ 375.55	\$ 75.11	.000	\$ 375.55	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,049	13,843	\$ 405,135.96	\$ 29.27	.000	\$ 197.72	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,049	13,843	405,135.96	29.27	.000	197.72	.00
MEDICAL	39	39	1,287.42	33.01	.000	33.01	.00
SURGERY	9	16	453.19	28.32	.000	50.35	.00
PATHOLOGY	390	416	2,973.31	7.15	.000	7.62	.00
RADIOLOGY	237	247	18,394.09	74.47	.000	77.61	.00
ROOM USE	1,153	1,555	52,780.86	33.94	.000	45.78	.00
CROSSOVERS/ALL OTH OUTPTNT	1,852	11,570	329,247.09	28.46	.000	177.78	.00
@COUNTY HOSPITAL TOTAL	1	6	\$ 245.08	\$ 40.85	.000	\$ 245.08	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	6	245.08	40.85	.000	245.08	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	54.92	54.92	.000	54.92	.00
PATHOLOGY	1	2	106.12	53.06	.000	106.12	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	74.62	37.31	.000	74.62	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	9.42	9.42	.000	9.42	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,323
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,048	13,837	\$ 404,890.88	\$ 29.26	.000	\$ 197.70	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,048	13,837	404,890.88	29.26	.000	197.70	.00
MEDICAL	39	39	1,287.42	33.01	.000	33.01	.00
SURGERY	8	15	398.27	26.55	.000	49.78	.00
PATHOLOGY	389	414	2,867.19	6.93	.000	7.37	.00
RADIOLOGY	237	247	18,394.09	74.47	.000	77.61	.00
ROOM USE	1,152	1,553	52,706.24	33.94	.000	45.75	.00
CROSSOVERS/ALL OTH OUTPTNT	1,851	11,569	329,237.67	28.46	.000	177.87	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,749	4,218	\$	94,173.37	\$	22.33	.000	\$	53.84
PATHOLOGY	1,749	4,218		94,173.37		22.33	.000		53.84
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	686	4,215	\$	186,846.34	\$	44.33	.000	\$	272.37
CLINIC	523	3,923		155,177.42		39.56	.000		296.71
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	164	292		31,668.92		108.46	.000		193.10

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,324
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	284	285	\$	29,925.00	\$ 105.00	.000	\$ 105.37	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	284	285		29,925.00	105.00	.000	105.37	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,325
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41	158	\$	10,554.17	\$ 66.80	.605	\$ 257.42	\$ 40.44
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	39	135	\$	10,140.22	\$ 75.11	.517	\$ 260.01	\$ 38.85
PRESCRIPTION DRUGS	38	133		10,058.24	75.63	.510	264.69	38.54
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	38	133		10,058.24	75.63	.510	264.69	38.54
MEDICAL SUPPLIES	1	2		81.98	40.99	.008	81.98	.31
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,326
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

	261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	2	\$	11.58	\$	5.79	.008	\$	11.58	\$	.04
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	2		11.58		5.79	.008		11.58		.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSTOVERS/ALL OTH OUTPTNT	1	2		11.58		5.79	.008		11.58		.04
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSTOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,327
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$ 11.58	\$ 5.79	.008	\$ 11.58	\$.04
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	2	11.58	5.79	.008	11.58	.04
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	11.58	5.79	.008	11.58	.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	21	\$ 402.37	\$ 19.16	.080	\$ 201.19	\$ 1.54
CLINIC	2	21	399.46	19.02	.080	199.73	1.53
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	2.91	.00	.000	.00	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,328
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

261 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	2	\$ 11.58	\$ 5.79	.008	\$ 11.58	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,329
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	497	3,555	\$ 383,065.63	\$ 107.75	6.559	\$ 770.76	\$ 706.76
@PHYSICIANS SERVICES	204	794	\$ 51,992.67	\$ 65.48	1.465	\$ 254.87	\$ 95.93
OUTPATIENT VISITS	82	143	8,863.21	61.98	.264	108.09	16.35
OFFICE VISITS	7	7	447.20	63.89	.013	63.89	.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	16	19	1,215.39	63.97	.035	75.96	2.24
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	61	117	7,200.62	61.54	.216	118.04	13.29
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	29	73	7,009.72	96.02	.135	241.71	12.93

HOSPITAL VISITS	26	42		1,811.53	43.13	.077	69.67	3.34
CRITICAL CARE	3	31		5,198.19	167.68	.057	1732.73	9.59
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	42	233		23,297.55	99.99	.430	554.70	42.98
PRINCIPAL SURGEON	27	27		18,608.63	689.21	.050	689.21	34.33
ASSISTANT SURGEON	1	1		186.50	186.50	.002	186.50	.34
ANESTHESIOLOGIST	17	205		4,502.42	21.96	.378	264.85	8.31
OUTPATIENT SURGERY	32	59		6,064.53	102.79	.109	189.52	11.19
PRINCIPAL SURGEON	31	41		5,346.98	130.41	.076	172.48	9.87
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	18		717.55	39.86	.033	55.20	1.32
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	34	118		457.13	3.87	.218	13.45	.84
RADIOLOGY	58	72		4,563.30	63.38	.133	78.68	8.42
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	21	63		702.85	11.16	.116	33.47	1.30
OTHER SERVICES/ALL X-OVERS	19	33		1,034.38	31.34	.061	54.44	1.91
@PHARMACY	51	99	\$	5,331.96	\$ 53.86	.183	\$ 104.55	\$ 9.84
PRESCRIPTION DRUGS	50	91		4,895.62	53.80	.168	97.91	9.03
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	50	91		4,895.62	53.80	.168	97.91	9.03
MEDICAL SUPPLIES	5	8		436.34	54.54	.015	87.27	.81
@DENTIST	1	3	\$	28.00	\$ 9.33	.006	\$ 28.00	\$.05
VISITS - DIAGNOSTIC	1	3		28.00	9.33	.006	28.00	.05
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,330
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N							

						----- MONTHLY AVERAGE -----		
542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00	.00
NURSE ANESTHESIST	4	68	\$	1,185.99	\$ 17.44	.125	\$ 296.50	\$ 2.19
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	168	1,178	\$	279,055.22	\$ 236.89	2.173	\$ 1661.04	\$ 514.86
HOSP INPATIENT TOTAL	43	164		253,283.06	1544.41	.303	5890.30	467.31
HSC HOSPITALS	4	39		67,860.00	1740.00	.072	16965.00	125.20
NON-HSC HOSPITAL TOTAL	39	125		185,423.06	1483.38	.231	4754.44	342.11
ACCOMMODATIONS	38	125		77,838.95	622.71	.231	2048.39	143.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	125		77,838.95	622.71	.231	2048.39	143.61
ANCILLARIES	39	0		107,584.11	.00	.000	2758.57	198.49
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	146	1,014		25,772.16	25.42	1.871	176.52	47.55
MEDICAL	4	6		400.24	66.71	.011	100.06	.74
SURGERY	15	21		563.35	26.83	.039	37.56	1.04
PATHOLOGY	52	183		2,226.91	12.17	.338	42.83	4.11
RADIOLOGY	34	37		2,490.21	67.30	.068	73.24	4.59
ROOM USE	93	176		7,028.86	39.94	.325	75.58	12.97
CROSSOVERS/ALL OTH OUTPTNT	112	591		13,062.59	22.10	1.090	116.63	24.10
@COUNTY HOSPITAL TOTAL	9	124	\$	3,691.69	\$ 29.77	.229	\$ 410.19	\$ 6.81
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	124		3,691.69	29.77	.229	410.19	6.81
MEDICAL	1	1		108.00	108.00	.002	108.00	.20
SURGERY	9	14		424.44	30.32	.026	47.16	.78
PATHOLOGY	7	46		937.49	20.38	.085	133.93	1.73
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	7	25		1,722.94	68.92	.046	246.13	3.18
CROSSOVERS/ALL OTH OUTPTNT	9	38		498.82	13.13	.070	55.42	.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,331
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159	1,054	\$ 275,363.53	\$ 261.26	1.945	\$ 1731.85	\$ 508.05
COMM HOSP INPATIENT TOTAL	43	164	253,283.06	1544.41	.303	5890.30	467.31
HSC HOSPITALS	4	39	67,860.00	1740.00	.072	16965.00	125.20
NON-HSC HOSPITALS TOTAL	39	125	185,423.06	1483.38	.231	4754.44	342.11
ACCOMMODATIONS	38	125	77,838.95	622.71	.231	2048.39	143.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	38	125		77,838.95		622.71	.231	2048.39	143.61
ANCILLARIES	39	0		107,584.11		.00	.000	2758.57	198.49
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	137	890		22,080.47		24.81	1.642	161.17	40.74
MEDICAL	3	5		292.24		58.45	.009	97.41	.54
SURGERY	6	7		138.91		19.84	.013	23.15	.26
PATHOLOGY	45	137		1,289.42		9.41	.253	28.65	2.38
RADIOLOGY	34	37		2,490.21		67.30	.068	73.24	4.59
ROOM USE	86	151		5,305.92		35.14	.279	61.70	9.79
CROSSOVERS/ALL OTH OUTPTNT	103	553		12,563.77		22.72	1.020	121.98	23.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	105	284	\$	4,300.65	\$	15.14	.524	\$ 40.96	\$ 7.93
PATHOLOGY	105	284		4,300.65		15.14	.524	40.96	7.93
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	131	1,117	\$	39,922.64	\$	35.74	2.061	\$ 304.75	\$ 73.66
CLINIC	124	1,100		38,118.92		34.65	2.030	307.41	70.33
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	17		1,803.72		106.10	.031	257.67	3.33

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,332
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12	12	\$	1,248.50	\$ 104.04	.022	\$ 104.04	\$ 2.30
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11		1,155.00	105.00	.020	105.00	2.13

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	93.50	93.50	.002	93.50	.17
PROSTHETICS	1	1	93.50	93.50	.002	93.50	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	149	\$ 53,592.55	\$ 359.68	.275	\$ 26796.28	\$ 98.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,333
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,527	5,537	\$ 153,574.78	\$ 27.74	36.913	\$ 100.57	\$ 1023.83
@PHYSICIANS SERVICES	14	26	\$ 2,541.48	\$ 97.75	.173	\$ 181.53	\$ 16.94
OUTPATIENT VISITS	10	10	426.24	42.62	.067	42.62	2.84
OFFICE VISITS	7	7	228.96	32.71	.047	32.71	1.53
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	197.28	65.76	.020	65.76	1.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	5	261.19	52.24	.033	261.19	1.74
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	1	5	261.19	52.24	.033	261.19	1.74
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	4	1,793.03	448.26	.027	896.52	11.95
PRINCIPAL SURGEON	2	4	1,793.03	448.26	.027	896.52	11.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	7.01	1.75	.027	7.01	.05
RADIOLOGY	2	3	54.01	18.00	.020	27.01	.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	54	188	\$ 10,122.82	\$ 53.84	1.253	\$ 187.46	\$ 67.49
PRESCRIPTION DRUGS	50	85	9,314.09	109.58	.567	186.28	62.09
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	50	85	9,314.09	109.58	.567	186.28	62.09
MEDICAL SUPPLIES	4	103	808.73	7.85	.687	202.18	5.39
@DENTIST	755	3,781	\$ 101,533.20	\$ 26.85	25.207	\$ 134.48	\$ 676.89
VISITS - DIAGNOSTIC	571	2,677	35,881.00	13.40	17.847	62.84	239.21
ORAL SURGERY	96	193	11,819.00	61.24	1.287	123.11	78.79
DRUGS	23	24	575.00	23.96	.160	25.00	3.83
ANESTHESIA	4	4	400.00	100.00	.027	100.00	2.67
PERIODONTICS	17	17	1,470.00	86.47	.113	86.47	9.80
ENDODONTICS	42	58	8,831.00	152.26	.387	210.26	58.87
RESTORATIVE DENTISTRY	243	702	36,022.20	51.31	4.680	148.24	240.15
PROSTHETICS	3	3	80.00	26.67	.020	26.67	.53
DENTURES, STAYPLATES	10	56	5,030.00	89.82	.373	503.00	33.53
SPACE MAINTAINERS	6	7	480.00	68.57	.047	80.00	3.20
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	22	25	945.00	37.80	.167	42.95	6.30
ALL OTHER SERVICES	18	15	.00	.00	.100	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 15,334
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38						

150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 110.96	\$ 27.74	.027	\$ 55.48	\$.74
DIAGNOSTIC AND ANC. PROCED	2	2	78.88	39.44	.013	39.44	.53
EYE APPLIANCES	1	2	32.08	16.04	.013	32.08	.21
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	22	57	\$	1,455.42	\$	25.53	.380	\$	66.16	\$	9.70
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	22	57		1,455.42		25.53	.380		66.16		9.70
MEDICAL	2	2		53.12		26.56	.013		26.56		.35
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	19		187.51		9.87	.127		46.88		1.25
RADIOLOGY	2	3		132.29		44.10	.020		66.15		.88
ROOM USE	9	9		326.75		36.31	.060		36.31		2.18
CROSSOVERS/ALL OTH OUTPTNT	19	24		755.75		31.49	.160		39.78		5.04
@COUNTY HOSPITAL TOTAL	2	10	\$	180.60	\$	18.06	.067	\$	90.30	\$	1.20
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	10		180.60		18.06	.067		90.30		1.20
MEDICAL	1	1		23.42		23.42	.007		23.42		.16
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5		52.01		10.40	.033		52.01		.35
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		71.31		35.66	.013		35.66		.48
CROSSOVERS/ALL OTH OUTPTNT	1	2		33.86		16.93	.013		33.86		.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,335
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	20	47	\$	1,274.82	\$ 27.12	.313	\$ 63.74	\$ 8.50

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	47		1,274.82	27.12	.313	63.74	8.50
MEDICAL	1	1		29.70	29.70	.007	29.70	.20
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	14		135.50	9.68	.093	45.17	.90
RADIOLOGY	2	3		132.29	44.10	.020	66.15	.88
ROOM USE	7	7		255.44	36.49	.047	36.49	1.70
CROSSOVERS/ALL OTH OUTPTNT	18	22		721.89	32.81	.147	40.11	4.81
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	11	\$	162.77	\$ 14.80	.073	\$ 40.69	\$ 1.09
PATHOLOGY	4	11		162.77	14.80	.073	40.69	1.09
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	284	356	\$	24,275.36	\$ 68.19	2.373	\$ 85.48	\$ 161.84
CLINIC	3	12		444.51	37.04	.080	148.17	2.96
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	281	344		23,830.85	69.28	2.293	84.81	158.87

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,336
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	150 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	439		1,114	\$ 13,372.77	\$ 12.00	7.427	\$ 30.46	\$ 89.15
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		3	246.28	82.09	.020	123.14	1.64

AMBULANCES/AIR TRANS	2	3	246.28	82.09	.020	123.14	1.64
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.073	105.00	7.70
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	120	246	2,225.88	9.05	1.640	18.55	14.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	305	853	9,737.60	11.42	5.687	31.93	64.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.007	8.01	.05
@CALIF. CHILDREN SERVICES*	4	18	\$ 2,390.31	\$ 132.80	.120	\$ 597.58	\$ 15.94
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,337
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	76	310	\$ 25,782.85	\$ 83.17	17.222	\$ 339.25	\$ 1432.38
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	22	50	\$	17,539.47	\$ 350.79	2.778	\$ 797.25	\$ 974.42
PRESCRIPTION DRUGS	22	50		17,539.47	350.79	2.778	797.25	974.42
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	22	50		17,539.47	350.79	2.778	797.25	974.42
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	41	215	\$	6,833.00	\$ 31.78	11.944	\$ 166.66	\$ 379.61
VISITS - DIAGNOSTIC	28	131		1,548.00	11.82	7.278	55.29	86.00
ORAL SURGERY	5	9		504.00	56.00	.500	100.80	28.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.056	118.00	6.56
ENDODONTICS	3	5		1,280.00	256.00	.278	426.67	71.11
RESTORATIVE DENTISTRY	15	61		2,967.00	48.64	3.389	197.80	164.83
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	5		206.00	41.20	.278	103.00	11.44
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3		210.00	70.00	.167	70.00	11.67
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,338
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.222	\$ 90.30	\$ 5.02
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.056	47.45	2.64
EYE APPLIANCES	1	3	42.85	14.28	.167	42.85	2.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	2	\$ 53.25	\$ 26.63	.111	\$ 26.63	\$ 2.96
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	53.25	26.63	.111	26.63	2.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	53.25	26.63	.111	26.63	2.96
@COUNTY HOSPITAL TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 53.25	\$ 26.63	.111	\$ 26.63	\$ 2.96
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	53.25	26.63	.111	26.63	2.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	53.25	26.63	.111	26.63	2.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 15.32	\$ 5.11	.167	\$ 15.32	\$.85
PATHOLOGY	1	3	15.32	5.11	.167	15.32	.85
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	10	\$ 790.87	\$ 79.09	.556	\$ 87.87	\$ 43.94
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	10	790.87	79.09	.556	87.87	43.94

#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

18 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	26	\$	460.64	\$ 17.72	1.444	\$ 41.88	\$ 25.59
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.111	105.00	11.67
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	12		109.28	9.11	.667	18.21	6.07
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	12		141.36	11.78	.667	47.12	7.85
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$	9.53	\$ 9.53	.056	\$ 9.53	\$.53

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,341
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	50	4,252	\$ 45,850.32	\$ 10.78	223.789	\$ 917.01	\$ 2413.17
@PHYSICIANS SERVICES	3	4	\$ 55.81	\$ 13.95	.211	\$ 18.60	\$ 2.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		55.81		13.95	.211	18.60	2.94
@PHARMACY	18	61	\$	4,339.09	\$	71.13	3.211	\$ 241.06	\$ 228.37
PRESCRIPTION DRUGS	16	58		4,325.95		74.59	3.053	270.37	227.68
SNF/ICF	13	54		3,919.93		72.59	2.842	301.53	206.31
OUTPATIENTS	3	4		406.02		101.51	.211	135.34	21.37
MEDICAL SUPPLIES	2	3		13.14		4.38	.158	6.57	.69
@DENTIST	13	63	\$	3,006.00	\$	47.71	3.316	\$ 231.23	\$ 158.21
VISITS - DIAGNOSTIC	7	31		312.00		10.06	1.632	44.57	16.42
ORAL SURGERY	2	2		90.00		45.00	.105	45.00	4.74
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	7		654.00		93.43	.368	218.00	34.42
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	23		1,950.00		84.78	1.211	390.00	102.63
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,342
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 12.19	\$ 4.06	.158	\$ 4.06	\$.64
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	12.19	4.06	.158	4.06	.64
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,343
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	285	\$	37,112.57	\$ 130.22	15.000	\$ 6185.43	\$ 1953.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	285		37,112.57	130.22	15.000	6185.43	1953.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	8	\$	470.28	\$ 58.79	.421	\$ 94.06	\$ 24.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
----- MONTHLY AVERAGE -----							
@ALL OTHER PROVIDERS	12	3,828	\$ 854.38	\$.22	201.474	\$ 71.20	\$ 44.97
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	1	2	222.00	111.00	.105	222.00	11.68
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	156.40	13.03	.632	31.28	8.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	3,814	475.98	.12	200.737	79.33	25.05
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	174.93	\$ 24.99	.368	\$ 34.99	\$ 9.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
----- MONTHLY AVERAGE -----							
@TOTAL, ALL PROVIDERS	1	1	\$ 96.31	\$ 96.31	.000	\$ 96.31	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	1	\$	96.31	\$	96.31	.000	\$ 96.31	\$.00
PRESCRIPTION DRUGS	1	1		96.31		96.31	.000	96.31	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	1		96.31		96.31	.000	96.31	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 15,346
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E								

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,348
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

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03/14/05

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	400	2,021	\$ 167,200.41	\$ 82.73	12.323	\$ 418.00	\$ 1019.51
@PHYSICIANS SERVICES	15	21	\$ 842.56	\$ 40.12	.128	\$ 56.17	\$ 5.14
OUTPATIENT VISITS	3	3	146.40	48.80	.018	48.80	.89
OFFICE VISITS	0	0	.00	.00	.000	.00	.00

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		146.40	48.80	.018	48.80	.89
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		295.23	295.23	.006	295.23	1.80
PRINCIPAL SURGEON	1	1		295.23	295.23	.006	295.23	1.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	3	5		203.53	40.71	.030	67.84	1.24
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	12		197.40	16.45	.073	19.74	1.20
@PHARMACY	191	467	\$	101,576.45	\$ 217.51	2.848	\$ 531.81	\$ 619.37
PRESCRIPTION DRUGS	186	461		101,295.37	219.73	2.811	544.60	617.65
SNF/ICF	44	179		28,854.69	161.20	1.091	655.79	175.94
OUTPATIENTS	144	282		72,440.68	256.88	1.720	503.06	441.71
MEDICAL SUPPLIES	6	6		281.08	46.85	.037	46.85	1.71
@DENTIST	90	425	\$	16,361.70	\$ 38.50	2.591	\$ 181.80	\$ 99.77
VISITS - DIAGNOSTIC	64	281		3,756.70	13.37	1.713	58.70	22.91
ORAL SURGERY	12	41		2,284.00	55.71	.250	190.33	13.93
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.006	100.00	.61
PERIODONTICS	5	5		527.00	105.40	.030	105.40	3.21
ENDODONTICS	3	5		1,495.00	299.00	.030	498.33	9.12
RESTORATIVE DENTISTRY	24	68		4,584.00	67.41	.415	191.00	27.95
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	21		3,465.00	165.00	.128	577.50	21.13
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2		150.00	75.00	.012	150.00	.91
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	1		.00	.00	.006	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,350
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$	201.12	\$ 25.14	.049	\$ 100.56	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.012	47.45	.58
EYE APPLIANCES	2	6		106.22	17.70	.037	53.11	.65
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$	.62	\$	.31	.012	\$	.62	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		.62		.31	.012		.62		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	37	\$	2,280.46	\$	61.63	.226	\$	285.06	\$	13.91
HOSP INPATIENT TOTAL	1	0		876.00		.00	.000		876.00		5.34
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		876.00		.00	.000		876.00		5.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	37		1,404.46		37.96	.226		200.64		8.56
MEDICAL	1	1		8.90		8.90	.006		8.90		.05
SURGERY	3	3		77.47		25.82	.018		25.82		.47
PATHOLOGY	1	13		85.90		6.61	.079		85.90		.52
RADIOLOGY	4	6		498.30		83.05	.037		124.58		3.04
ROOM USE	5	7		606.28		86.61	.043		121.26		3.70
CROSSOVERS/ALL OTH OUTPTNT	4	7		127.61		18.23	.043		31.90		.78
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,351
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	37	\$	2,280.46	\$ 61.63	.226	\$ 285.06	\$ 13.91

COMM HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00	5.34
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00	5.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	37		1,404.46	37.96	.226	200.64	8.56
MEDICAL	1	1		8.90	8.90	.006	8.90	.05
SURGERY	3	3		77.47	25.82	.018	25.82	.47
PATHOLOGY	1	13		85.90	6.61	.079	85.90	.52
RADIOLOGY	4	6		498.30	83.05	.037	124.58	3.04
ROOM USE	5	7		606.28	86.61	.043	121.26	3.70
CROSSOVERS/ALL OTH OUTPTNT	4	7		127.61	18.23	.043	31.90	.78
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	105	\$	16,033.50	152.70	.640	3206.70	97.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	105		16,033.50	152.70	.640	3206.70	97.77
@INTERMEDIATE CARE FACIL.-DD	1	122	\$	8,348.34	68.43	.744	8348.34	50.90
ICF DDH	1	122		8,348.34	68.43	.744	8348.34	50.90
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	643.63	643.63	.006	643.63	3.92
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		643.63	643.63	.006	643.63	3.92
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	26	42	\$	3,107.70	73.99	.256	119.53	18.95
CLINIC	1	1		24.60	24.60	.006	24.60	.15
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	41		3,083.10	75.20	.250	123.32	18.80

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,352
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	104	791	\$	17,804.33	\$ 22.51	4.823	\$ 171.20	\$ 108.56
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	46		288.70	6.28	.280	72.18	1.76

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	4	46	288.70	6.28	.280	72.18	1.76
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.006	105.00	.64
IHMC,MODEL-NF,NF,AIDS,MSSP	6	21	5,592.70	266.32	.128	932.12	34.10
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	42	432.47	10.30	.256	20.59	2.64
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	27	2,680.49	99.28	.165	2680.49	16.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	71	654	8,704.97	13.31	3.988	122.61	53.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 176.68	\$ 44.17	.024	\$ 88.34	\$ 1.08
@XOVER EXCLUDING STATE HOSP**	10	15	\$ 3,712.65	\$ 247.51	.091	\$ 371.27	\$ 22.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 15,353
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	451	6,274	\$ 213,147.04	\$ 33.97	34.284 \$ 472.61 \$ 1164.74
@PHYSICIANS SERVICES	18	25	\$ 898.37	\$ 35.93	.137 \$ 49.91 \$ 4.91
OUTPATIENT VISITS	3	3	146.40	48.80	.016 48.80 .80
OFFICE VISITS	0	0	.00	.00	.000 .00 .00
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	3	3	146.40	48.80	.016 48.80 .80
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	0	0	.00	.00	.000 .00 .00
HOSPITAL VISITS	0	0	.00	.00	.000 .00 .00
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00 .00
EXAMINATIONS	0	0	.00	.00	.000 .00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	1	1	295.23	295.23	.005 295.23 1.61
PRINCIPAL SURGEON	1	1	295.23	295.23	.005 295.23 1.61

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	5	203.53	40.71	.027	67.84	1.11
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	16	253.21	15.83	.087	19.48	1.38
@PHARMACY	210	529	\$ 106,011.85	\$ 200.40	2.891	\$ 504.82	\$ 579.30
PRESCRIPTION DRUGS	203	520	105,717.63	203.30	2.842	520.78	577.69
SNF/ICF	57	233	32,774.62	140.66	1.273	574.99	179.10
OUTPATIENTS	148	287	72,943.01	254.16	1.568	492.86	398.60
MEDICAL SUPPLIES	8	9	294.22	32.69	.049	36.78	1.61
@DENTIST	103	488	\$ 19,367.70	\$ 39.69	2.667	\$ 188.04	\$ 105.83
VISITS - DIAGNOSTIC	71	312	4,068.70	13.04	1.705	57.31	22.23
ORAL SURGERY	14	43	2,374.00	55.21	.235	169.57	12.97
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.005	100.00	.55
PERIODONTICS	5	5	527.00	105.40	.027	105.40	2.88
ENDODONTICS	3	5	1,495.00	299.00	.027	498.33	8.17
RESTORATIVE DENTISTRY	27	75	5,238.00	69.84	.410	194.00	28.62
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	11	44	5,415.00	123.07	.240	492.27	29.59
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	2	150.00	75.00	.011	150.00	.82
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	1	.00	.00	.005	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024
 SOLANO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 15,354
 03/14/05

----- MONTHLY AVERAGE -----

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8 \$	201.12	\$ 25.14	.044	\$ 100.56	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.011	47.45	.52
EYE APPLIANCES	2	6	106.22	17.70	.033	53.11	.58
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5 \$	12.81	\$ 2.56	.027	\$ 3.20	\$.07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	12.81	2.56	.027	3.20	.07
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	37 \$	2,280.46	\$ 61.63	.202	\$ 285.06	\$ 12.46
HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	4.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	4.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	37	1,404.46	37.96	.202	200.64	7.67
MEDICAL	1	1	8.90	8.90	.005	8.90	.05
SURGERY	3	3	77.47	25.82	.016	25.82	.42
PATHOLOGY	1	13	85.90	6.61	.071	85.90	.47
RADIOLOGY	4	6	498.30	83.05	.033	124.58	2.72
ROOM USE	5	7	606.28	86.61	.038	121.26	3.31
CROSSOVERS/ALL OTH OUTPTNT	4	7	127.61	18.23	.038	31.90	.70
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

183 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	37	\$ 2,280.46	\$ 61.63	.202	\$ 285.06	\$ 12.46
COMM HOSP INPATIENT TOTAL	1	0	876.00	.00	.000	876.00	4.79
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00	4.79
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	37	1,404.46	37.96	.202	200.64	7.67
MEDICAL	1	1	8.90	8.90	.005	8.90	.05
SURGERY	3	3	77.47	25.82	.016	25.82	.42
PATHOLOGY	1	13	85.90	6.61	.071	85.90	.47
RADIOLOGY	4	6	498.30	83.05	.033	124.58	2.72
ROOM USE	5	7	606.28	86.61	.038	121.26	3.31
CROSSOVERS/ALL OTH OUTPTNT	4	7	127.61	18.23	.038	31.90	.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11	390	\$ 53,146.07	\$ 136.27	2.131	\$ 4831.46	\$ 290.42
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11	390	53,146.07	136.27	2.131	4831.46	290.42
@INTERMEDIATE CARE FACIL.-DD	1	122	\$ 8,348.34	\$ 68.43	.667	\$ 8348.34	\$ 45.62
ICF DDH	1	122	8,348.34	68.43	.667	8348.34	45.62
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 643.63	\$ 643.63	.005	\$ 643.63	\$ 3.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	643.63	643.63	.005	643.63	3.52
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	50	\$ 3,577.98	\$ 71.56	.273	\$ 115.42	\$ 19.55
CLINIC	1	1	24.60	24.60	.005	24.60	.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	30	49	3,553.38	72.52	.268	118.45	19.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
SOLANO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL						

183 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	116	4,619	\$	18,658.71	\$ 4.04	25.240	\$ 160.85	\$ 101.96
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	46		288.70	6.28	.251	72.18	1.58
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	4	46		288.70	6.28	.251	72.18	1.58
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.005	105.00	.57
IHMC,MODEL-NF,NF,AIDS,MSSP	7	23		5,814.70	252.81	.126	830.67	31.77
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	26	54		588.87	10.91	.295	22.65	3.22
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	1	27		2,680.49	99.28	.148	2680.49	14.65
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	71	654		8,704.97	13.31	3.574	122.61	47.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	3,814		475.98	.12	20.842	79.33	2.60
@CALIF. CHILDREN SERVICES*	2	4	\$	176.68	\$ 44.17	.022	\$ 88.34	\$.97
@XOVER EXCLUDING STATE HOSP**	15	22	\$	3,887.58	\$ 176.71	.120	\$ 259.17	\$ 21.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,357
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 SOLANO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	64,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	91,991	604,664	\$	26,913,614.57	\$ 44.51	9.377	\$ 292.57	\$ 417.36
@PHYSICIANS SERVICES	6,728	21,313	\$	1,088,108.85	\$ 51.05	.331	\$ 161.73	\$ 16.87
OUTPATIENT VISITS	2,974	4,926		271,807.44	55.18	.076	91.39	4.21
OFFICE VISITS	542	619		32,083.32	51.83	.010	59.19	.50
HOME VISITS	4	5		201.17	40.23	.000	50.29	.00
EMERGENCY ROOM	1,017	1,115		68,540.28	61.47	.017	67.39	1.06
PREVENTIVE CARE	6	6		286.36	47.73	.000	47.73	.00
OB VISITS/COMPRI PERI	1,433	3,134		169,310.16	54.02	.049	118.15	2.63
OTHER OUTPATIENT	41	47		1,386.15	29.49	.001	33.81	.02
INPATIENT VISITS	761	1,921		116,071.91	60.42	.030	152.53	1.80
HOSPITAL VISITS	711	1,534		68,096.51	44.39	.024	95.78	1.06
CRITICAL CARE	55	372		47,560.00	127.85	.006	864.73	.74
SNF/ICF/TRANS IP CARE	11	15		415.40	27.69	.000	37.76	.01
OPHTHALMOLOGICAL SERVICES	15	15		706.50	47.10	.000	47.10	.01
EXAMINATIONS	15	15		706.50	47.10	.000	47.10	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	972	4,369		464,979.26	106.43	.068	478.37	7.21
PRINCIPAL SURGEON	604	625		369,292.72	590.87	.010	611.41	5.73
ASSISTANT SURGEON	87	86		14,733.45	171.32	.001	169.35	.23
ANESTHESIOLOGIST	359	3,658		80,953.09	22.13	.057	225.50	1.26
OUTPATIENT SURGERY	454	887		62,325.93	70.27	.014	137.28	.97
PRINCIPAL SURGEON	416	546		53,337.30	97.69	.008	128.21	.83
ASSISTANT SURGEON	3	3		272.58	90.86	.000	90.86	.00
ANESTHESIOLOGIST	81	338		8,716.05	25.79	.005	107.61	.14
DIALYSIS	5	17		947.78	55.75	.000	189.56	.01
PATHOLOGY	998	5,218		17,051.82	3.27	.081	17.09	.26
RADIOLOGY	1,917	2,711		116,859.72	43.11	.042	60.96	1.81
PSYCHIATRY	9	24		1,268.14	52.84	.000	140.90	.02
IMMUNIZATION AND INJECTION	94	238		4,853.02	20.39	.004	51.63	.08
OTHER SERVICES/ALL X-OVERS	630	987		31,237.33	31.65	.015	49.58	.48
@PHARMACY	21,436	68,591	\$	8,091,557.91	\$ 117.97	1.064	\$ 377.48	\$ 125.48
PRESCRIPTION DRUGS	20,914	42,145		8,002,744.81	189.89	.654	382.65	124.10
SNF/ICF	1,413	4,342		599,086.05	137.97	.067	423.98	9.29
OUTPATIENTS	19,556	37,803		7,403,658.76	195.85	.586	378.59	114.81
MEDICAL SUPPLIES	848	26,446		88,813.10	3.36	.410	104.73	1.38
@DENTIST	29,715	149,583	\$	4,217,180.05	\$ 28.19	2.320	\$ 141.92	\$ 65.40
VISITS - DIAGNOSTIC	22,514	106,129		1,420,907.77	13.39	1.646	63.11	22.03
ORAL SURGERY	3,932	9,092		475,798.74	52.33	.141	121.01	7.38
DRUGS	742	859		18,547.93	21.59	.013	25.00	.29
ANESTHESIA	133	135		12,800.00	94.81	.002	96.24	.20
PERIODONTICS	900	932		91,368.65	98.04	.014	101.52	1.42
ENDODONTICS	1,643	2,503		365,369.02	145.97	.039	222.38	5.67
RESTORATIVE DENTISTRY	8,703	23,519		1,150,443.84	48.92	.365	132.19	17.84
PROSTHETICS	131	138		4,084.00	29.59	.002	31.18	.06
DENTURES, STAYPLATES	1,486	4,495		594,467.10	132.25	.070	400.05	9.22
SPACE MAINTAINERS	131	173		17,956.00	103.79	.003	137.07	.28
MAXILLOFACIAL SERVICES	26	28		1,310.00	46.79	.000	50.38	.02
FRACTURES, DISLOCATIONS	2	3		2,500.00	833.33	.000	1250.00	.04
ORTHODONTIC SERVICES	750	938		59,827.00	63.78	.015	79.77	.93
ALL OTHER SERVICES	544	639		1,800.00	2.82	.010	3.31	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 15,358
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
SOLANO COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

		----- MONTHLY AVERAGE -----						
64,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	96	252	\$ 6,048.70	\$ 24.00	.004	\$ 63.01	\$.09	
DIAGNOSTIC AND ANC. PROCED	74	78	3,306.77	42.39	.001	44.69	.05	
EYE APPLIANCES	65	169	2,590.17	15.33	.003	39.85	.04	
OTHER OPTOMETRIC SERVICES	3	5	151.76	30.35	.000	50.59	.00	
@CHIROPRACTOR	3	5	83.60	\$ 16.72	.000	\$ 27.87	\$.00	
VISITS	3	5	83.60	16.72	.000	27.87	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	29	62	\$ 329.85	\$ 5.32	.001	\$ 11.37	\$.01	
MEDICINE/INJECTIONS	3	3	143.61	47.87	.000	47.87	.00	
SURGERY/ANES.	1	1	11.00	11.00	.000	11.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	26	58	175.24	3.02	.001	6.74	.00	
@HOME HEALTH AGENCY	93	1,786	\$ 46,243.10	\$ 25.89	.028	\$ 497.24	\$.72	
NURSE ANESTHESIST	95	1,154	\$ 22,224.94	\$ 19.26	.018	\$ 233.95	\$.34	
NURSE MIDWIFE	10	115	\$ 3,165.23	\$ 27.52	.002	\$ 316.52	\$.05	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	

FAMILY NURSE PRACTITIONER	0	0	\$	25.26	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8,714	50,140	\$	7,982,711.12	\$	159.21	.778	\$	916.08	\$	123.79
HOSP INPATIENT TOTAL	1,160	3,951		6,724,522.74		1701.98	.061		5797.00		104.28
HSC HOSPITALS	74	322		507,259.62		1575.34	.005		6854.86		7.87
NON-HSC HOSPITAL TOTAL	899	3,629		6,066,352.11		1671.63	.056		6747.89		94.07
ACCOMMODATIONS	896	3,629		2,343,618.36		645.80	.056		2615.65		36.34
ADMINISTRATIVE DAYS	2	17		3,884.78		228.52	.000		1942.39		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	895	3,612		2,339,733.58		647.77	.056		2614.23		36.28
ANCILLARIES	899	0		3,722,733.75		.00	.000		4140.97		57.73
INPATIENT CROSSOVERS	190	0		150,911.01		.00	.000		794.27		2.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,067	46,189		1,258,188.38		27.24	.716		155.97		19.51
MEDICAL	436	568		22,793.52		40.13	.009		52.28		.35
SURGERY	311	382		10,632.91		27.83	.006		34.19		.16
PATHOLOGY	2,136	6,710		66,491.11		9.91	.104		31.13		1.03
RADIOLOGY	1,607	1,932		128,763.64		66.65	.030		80.13		2.00
ROOM USE	4,666	7,002		252,109.44		36.01	.109		54.03		3.91
CROSSOVERS/ALL OTH OUTPTNT	6,182	29,595		777,397.76		26.27	.459		125.75		12.06
@COUNTY HOSPITAL TOTAL	75	463	\$	41,075.92	\$	88.72	.007	\$	547.68	\$	.64
CO HOSPITAL INPATIENT TOTAL	5	24		27,405.01		1141.88	.000		5481.00		.42
HSC HOSPITALS	5	24		27,405.01		1141.88	.000		5481.00		.42
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	70	439		13,670.91		31.14	.007		195.30		.21
MEDICAL	11	12		513.79		42.82	.000		46.71		.01

SURGERY	26	40	1,354.28	33.86	.001	52.09	.02
PATHOLOGY	34	176	3,317.69	18.85	.003	97.58	.05
RADIOLOGY	7	11	424.27	38.57	.000	60.61	.01
ROOM USE	41	91	5,297.90	58.22	.001	129.22	.08
CROSSOVERS/ALL OTH OUTPTNT	44	109	2,762.98	25.35	.002	62.80	.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,359
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
SOLANO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

		----- MONTHLY AVERAGE -----						
64,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	8,643	49,677	\$ 7,941,635.20	\$ 159.87	.770	\$ 918.85	\$ 123.15	
COMM HOSP INPATIENT TOTAL	1,155	3,927	6,697,117.73	1705.40	.061	5798.37	103.85	
HSC HOSPITALS	69	298	479,854.61	1610.25	.005	6954.41	7.44	
NON-HSC HOSPITALS TOTAL	899	3,629	6,066,352.11	1671.63	.056	6747.89	94.07	
ACCOMMODATIONS	896	3,629	2,343,618.36	645.80	.056	2615.65	36.34	
ADMINISTRATIVE DAYS	2	17	3,884.78	228.52	.000	1942.39	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	895	3,612	2,339,733.58	647.77	.056	2614.23	36.28	
ANCILLARIES	899	0	3,722,733.75	.00	.000	4140.97	57.73	
INPATIENT CROSSOVERS	190	0	150,911.01	.00	.000	794.27	2.34	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,000	45,750	1,244,517.47	27.20	.709	155.56	19.30	
MEDICAL	425	556	22,279.73	40.07	.009	52.42	.35	
SURGERY	285	342	9,278.63	27.13	.005	32.56	.14	
PATHOLOGY	2,103	6,534	63,173.42	9.67	.101	30.04	.98	
RADIOLOGY	1,600	1,921	128,339.37	66.81	.030	80.21	1.99	
ROOM USE	4,627	6,911	246,811.54	35.71	.107	53.34	3.83	
CROSSOVERS/ALL OTH OUTPTNT	6,141	29,486	774,634.78	26.27	.457	126.14	12.01	
@STATE HOSPITAL	49	1,571	\$ 821,185.96	\$ 522.72	.024	\$ 16758.90	\$ 12.73	
MENTALLY ILL	8	229	137,085.12	598.62	.004	17135.64	2.13	
DEVELOP. DISABLED	41	1,342	684,100.84	509.76	.021	16685.39	10.61	
@NURSING FACILITY	121	4,206	\$ 600,407.54	\$ 142.75	.065	\$ 4962.05	\$ 9.31	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	6	241	131,116.87	544.05	.004	21852.81	2.03	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	115	3,965	469,290.67	118.36	.061	4080.79	7.28	
@INTERMEDIATE CARE FACIL.-DD	4	183	\$ 18,596.23	\$ 101.62	.003	\$ 4649.06	\$.29	
ICF DDH	2	153	12,972.61	84.79	.002	6486.31	.20	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	2	30	5,623.62	187.45	.000	2811.81	.09	
@HEMODIALYSIS TOTAL	41	312	\$ 29,817.28	\$ 95.57	.005	\$ 727.25	\$.46	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	41	312	29,817.28	95.57	.005	727.25	.46	
@REHABILITATION FACILITY	6	72	\$ 1,047.00	\$ 14.54	.001	\$ 174.50	\$.02	
HOSPITAL BASED	3	59	765.66	12.98	.001	255.22	.01	
INDEPENDENT FACILITY	3	13	281.34	21.64	.000	93.78	.00	
@LABORATORY FACILITY	4,781	11,648	\$ 207,429.61	\$ 17.81	.181	\$ 43.39	\$ 3.22	
PATHOLOGY	4,780	11,638	207,327.41	17.81	.180	43.37	3.22	
XO AND OTHERS	1	10	102.20	10.22	.000	102.20	.00	
@ORGANIZED OUTPATIENT CLINIC	14,236	31,117	\$ 1,619,179.57	\$ 52.04	.483	\$ 113.74	\$ 25.11	
CLINIC	2,158	14,550	424,837.26	29.20	.226	196.87	6.59	
SURGICENTER	2	5	431.78	86.36	.000	215.89	.01	
HEROIN DETOX CLINIC	1	6	91.01	15.17	.000	91.01	.00	

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
SOLANO COUNTY

12,082 16,556 1,193,819.52 72.11 .257 98.81 18.51
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 15,360
FEE-FOR-SERVICE/DENTAL 03/14/05
SUMMARY OF SERVICES FOR TOTAL CERTIFIED

					----- MONTHLY AVERAGE -----			
64,486 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	18,658	262,554	\$ 2,158,272.77	\$ 8.22	4.071	\$ 115.68	\$ 33.47	
DURABLE MED. EQUIP.	28	203	11,624.87	57.27	.003	415.17	.18	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	2	54.79	27.40	.000	54.79	.00	
MEDICAL TRANSPORTATION	199	3,015	41,780.31	13.86	.047	209.95	.65	
AMBULANCES/AIR TRANS	188	2,207	29,936.22	13.56	.034	159.24	.46	
OTHER TRANS	12	801	2,084.21	2.60	.012	173.68	.03	
OTHER SERVICES	7	7	9,759.88	1394.27	.000	1394.27	.15	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	103	1,380	96,090.00	69.63	.021	932.91	1.49	
GENETIC DISEASE TESTING	1,058	1,062	111,462.00	104.95	.016	105.35	1.73	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,798	21,124	1,034,081.42	48.95	.328	575.13	16.04	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	5,867	12,480	125,601.98	10.06	.194	21.41	1.95	
PHYSICAL THERAPIST	1	1	1.87	1.87	.000	1.87	.00	
PORTABLE X-RAY	3	10	293.55	29.36	.000	97.85	.00	
PROSTHETIST/ORTHOTISTS	19	22	2,156.48	98.02	.000	113.50	.03	
PROSTHETICS	19	22	2,156.48	98.02	.000	113.50	.03	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	5	13	629.51	48.42	.000	125.90	.01	
HOSPICE SERVICES	3	70	6,395.98	91.37	.001	2131.99	.10	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	9,452	57,368	605,264.60	10.55	.890	64.04	9.39	
EPSDT SUPPLEMENTAL SERVICE	9	240	7,347.08	30.61	.004	816.34	.11	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	262	165,564	115,488.33	.70	2.567	440.80	1.79	
@CALIF. CHILDREN SERVICES*	186	71,943	\$ 585,312.38	\$ 8.14	1.116	\$ 3146.84	\$ 9.08	
@XOVER EXCLUDING STATE HOSP**	490	8,775	\$ 209,404.76	\$ 23.86	.136	\$ 427.36	\$ 3.25	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.